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	TE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	in mount in the land of the la
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1. PLACE OF DEATH	CERTIFICATE OF DEATH 01433
County Bellinore	Peristration Diet No. 39
0-14-91	Registration Dist. No. 29
Village or City Village or City	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Clinabeth Emma	almony
(a) Residence: No. Parkton Ind	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Tomate waite married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HU3DAM of (or) WIFE of	22. A I HEREBY CERTIFY That I attended deceased from
(OT) WIFE OF Grandison Ulmony	December 8 1934 10 February 5 19-35
6. DATE OF BIRTH (month, day, and year) Dw. 18, 1864	I last saw h. A. alive on Petre 5, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
70 / /7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Cornelis framena Date of onset
SAWYER, BOOKKEEPER, etc.	Myrandetis, chronic
9. Industry or business in which work was done, as SILK MILL, at Jones SAW MILL, BANK, etc	
U 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this year) occupation	
12. BIRTHPLACE (city or town) Baltimore Co	Other Contributory Causes of importance:
(State or country) Ind	
II 13. NAME Slephen G. Miller	
13. NAME Slephen G. Miller 14. BIRTHPLACE (city or town) Ballinger Co	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Rachel G. Norsio 16. BIRTHPLACE (city or town) Bellinia Co	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Belline Co	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT IV. Grandisa almony	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMUVAL	Manner of injury
Place Wiselines Date Teb 7, 1935	Nature of Injury.
19. UNDERTAKER P. Marklen Jon	24. Was disease or Injury in any way related to occupation of deceased?
(Address) while I tell and	If so, specify
20, FILED Felt 6 , 1984 m Borting m.D. Registrar.	(Signed) CONTAIN M. D. (Address) Addless M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH should state Every item of inforof OCCUPA. 1. PLACE OF DEATH Registration Dist. No .__ Village or City_ PHYSTGIANS statement 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) A PERMANENT ACTL classified. 5a. If merried, widowed, or divorced HUSBAND OF (or) WIFE of 田 6. DATE OF BIRTH (month, day, end year) certificate. properly 7. AGE Months Days If LESS than stated 1 day- hrs. or____min. 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.___ INK-THIS OCCUPATION 9. Industry or business in which work wes done, as SILK SAW MILL, BANK, etc. may back should 10. Date deceased last worked at this occupation (month and See instructions on 11. Total time (years) spent in this that occupation 12. BIRTHPLACE (city or town) ... (State or country) supplied. DEATH in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) mation should be carefully MOTHER TION Is very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) CAUSE OF -WRITE 19. UNDERTAKER Ä

NO.	NAME instead of street and number)
	th?yrsmosds.
/	
St., Ward.	esident give city or town and State
MEDICAL CERTIFIC	CATE OF DEATH
21. DATE OF DEATH	11
Floridae (Month)	(Day) (Year)
22. Jan 1 HEREBY CER	TIFY. That I attended deceased from
I last saw h die alive on det	; death is said
to have occurred on the date stated above, at	9.30 Pm.
The PRINCIPAL CAUSE OF DEATH and relate were as follows:	
, , , , , , , , , , , , , , , , , , ,	Date of onset
Ulypeardial Eleany	leusation. 6 active.
Other Contributory Causes of importance:	
arteres belevasis & P	fethusian - mil
Name of operation	Date of
What test confirmed diagnosis?	
23. If death was due to external causes (VIOLE	
Accident, suicide, or homicide?	Date of injury, 19
Where did injury occur?(Specify	city or town, county and State)
Specify whether injury occurred in INDUSTRY	, In HOME, or in PUBLIC PLACE.
Manner of injury	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Nature of injury	
24. Was disease or injury in eny way related to	occupation of deceased?
If so, specify	4001 AS
(Signed) Para	u leid. M.D.
411 N. Charles Street, Baltimore, Requesting V.	S. No. 1.
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Registrar.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
	MEDICAL CERTIFICATE OF DEATH
(Usual place of abode)	If nonresident give city or town and State
(a) Residence: No. 14 E. Overlea Ave.	St.,Ward.
Length of residence in city or town where death occurred _ & _ yrs	nosds. How long in U.S. if of foreign birth?yrsmosds.
	No.14 E. Overlea Ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Village or City Overlea	No.14 E. Overlea Ave. St. Ward
County Baltimore	Registration Dist. No. 42
PLACE OF DEATH	(5.28)
STATE OF MARYLAND	-CERTIFICATE OF DEATH 01456
-	County Baltimore Village or City Overlea Length of residence in city or town where death occurred 25 yrs

OR DIVORCED (write the word) February 5 Widowed Female (Day) (Yaar) 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Thomas Barranger July 9th. 1847 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yaars Months Days If LESS than to have occurred on the data stated above, at 1 day, _____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 87 01---- min. wera as follows: 8. Trada, profession, or particular kind of work dona, as SPINNER, Date of onset OCCUPATION SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, etc 10. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation _. 12. BfRTHPLACE (city or town) (Stata or country) Maryland FATHER 13. NAME Unknown 14. BIRTHPLACE (city or town) Name of operation. (State or country) Unknown What test confirmed diagnosis?_ MOTHER 15. MAIDEN NAME Unknown 23. If daath was due to external causes (VIDLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicida, or homicide? Dete of injury______ 19 (State or country) Jnknown Whara did injury occur?___ (Specify city or town, county and State) harles Leight Spacify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. (Address) 3020 Greenmount Ave 18. BURIAL, CREMATION, OR REMOVAL Mannar of Injury Natura of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Belair (Address) If so, spacify

Registrar.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No,

BIT BIT		F MAR	YLAND—	CERTIFICATE OF DEATH 01457
1. PLACE OF I	DEATH	2		(3)
County	- Jack	-0		Registration Dist. No.
Village or City_	Jan	dr.	(]f	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence	e in city or town where d Maria Gr	azia Ba	ttaglia	ds. How long in U. S. if of foreign birth?yrsmosds
(a) Residence:	No. Genb Av	(Usual piace	ester Hgh	St., Ward. If nonresident give city or town and State
PERSONAL	AND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4	COLOR OR RACE White		RRIED, WIDOWED,	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, of HUSBAND of (or) WIFE of	Giuseppe	Battag	glia	22. I HEREBY CERT t FY, That I attended deceased from
A DATE OF BIRTH	ju	ne 21]	866	I lest sew head alive on
6. DATE OF BIRTH (mon 7. AGE Years	Months	6 Days	If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, atm, The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8. Trade, profession kind of work SAWYER, BO	I, or particular done, as SPINNER, OKKEEPER, etc.	House		were as follows: Date of onset Search Constitution Cherry
9. Industry or busin		Own h	ome	Custin reflicie
10. Date deceased la this occupation year)	on (month end	spe occ	time (years) ent in this cupation	
12. BtRTHPLACE (city or (State or country)		J		Other Contributory Causes of importance: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13. NAME ALL	onio Glor:	1080		<u> </u>
13. NAME ALLU 14. BIRTHPLACE (cit (State or coun	y or town)	aly		Name of operation Dete of Dete of What test confirmed diagnosis? Lassautiful Was there en eulopsy?
15. MAIDEN NAME	Concett	a Cange	lozi	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (cit (Stete or cou	y or town)	Italy		Accident, sulcide, or homicide?
17. INFORMANT	Rosaria Ma Jeho Ave D	rino orchest	er Hghts	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION	eg thedral	Mal	rch 2 193	Menner of injury
19. UNDERTAKER 92 (Address) 52 20. FILED MONTH	1, 21- 9	la No	et, ud.	24. Was disease or injury In eny way related to occupation of deceased? If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SAW MILL, BANK, etc TO Data deceased last worked et

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town)

Name of oparation ... What test confirmed diagnosis?

(State or country) 15. MAIDEN NAME

23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury________19__

(State or country) 17. INFORMANT (Address)

Where did injury occur? (Specify city or town, county and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Natura of injury

Manner of injury ...

19. UNDERTAKER (Address)

24. Was disease or injury in any way related to occupation of decaased? If so, specify

Registrar.

11. Total time (yaars)

(Address) 60 odd gaddess Spate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	N is
0, 1	TION
S. No.	E B
Δ	

+	STATE OF MARYLAND—	CERTIFICATE OF DEATH
UP.	1. PLACE OF DEATH	
OCCUP	County Dallewore	Registration Dist. No. 30
	Village or City Woodlaww	no North land (g' st. Ward
of	0 (16	f death occurred in a horpital or institution, give its NAME instead of street and number)
Ħ	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?
eme	2. FULL NAME Salah (1. 13ect	ett.
statement	(a) Residence: Now Mouth lased Rd	, St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4 COLOR OF RACE 5 SINGLE MARRIED AUDOWED	MEDICAL CERTIFICATE OF DEATH
园	3. SEX 4. COLOR ON RACE 5. SINELE MARRIED, WIDOWED, OR DIVORCED (Typic the word)	21. DATE OF DEATH Jet. 24 5
÷	remade pulle whom,	(Month) (Day) (Year)
classified	5a. If married Widowed or divorced HUSBAND of (cf.) PRESENTED IN TO BOOK OF .	22. / I HEREBY CERTIFY, That I attended deceased from
ass	Julies F. Slepty	Jen /1 , 19-25, to 20 , 19.3 J
	6. DATE OF BIRTH (month, day, and red) by 19 1850	I last sew h_4 alive on 2, 19_7\; death is said
erly	7. AGE Wears Months Days If LESS than	to have occurred on the date stated above, at 2. Mm.
properly certificate.	3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
_	8. Trade, profession, or perticular kind of work done, as SPINNER, JAMES SAWYER, BOOKKEEPER, etc.	Date of onset
be		- Trouts Knewn Juy/or
may	9. Industry or business in which work was done, as SILK MILL,	
t it n	SAW MILL, BANK, etc	
	10. Date deceased last worked et this occupation (month and year)	
erms, so that instructions o	$\sim \sim $	Other Contributory Canses of Importance:
, so	12. BIRTHPLACE (city or town) (State or country)	north Gury Colon
terms, e instru	13. NAME// theas M/a Cauley.	Carl X-0 tat
40	x	Name of apprehim
plain t	14. BIRTHPLACE (city or town) Mary Carly Carlot Construction (State or gountry)	Name of operation Date of
pl t.	15. MAIDEN WANTE ALLEGIA (Oan)	Whet test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
EATH in p important.	15. MAIDEN NAME ALCOHOL	Accident, suicide, or homicide?
Pox	(State or soundry)	Where did injury occur?
	17 INFORMAN Starles (1) Booker,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
OF D	9 X registe land Rd (1) ordenson	
	18. BURIAL, CREMATION OR REMOVAL	Manner of injury
	Place Delette Com., Date FULL 1, 19 3	Nature of injury
TION is	19. UNDERTAKED Taston Sous	24. Was disease or injury in any way related to occupation of deceased?
O F	(Address Clast Cit	If so, specify
7	20. FILED Freh 27/1935 Atoludrese	(Signed) Thank C. Miller M. D.
1)	Lepuly Registrar.	(Address) Ellswith Ct Ind
	If more blanks are needed address State Registras	247 N. Charles Street Relimons Property 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Atlack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
/ -			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1	ST	TATE O	F MARY	LAND-	CERTIFICATE	OF DEATH	014	60
1. PL	ACE OF DEAT	н. ,	-	12000	(52)		,	
Cı	ounty Bus	Duno	72			Registration Dist. N	lo. 345	
Vi	llage or City	llyn	don		No		St.,	Ward
La	ngth of residenca in city	or town where d	eath occurred 5		death occurred in a hospital or insti-			
2. FU	LL NAME	uselo	line,	/ self.				
(a) Residence: No				St., Ward.			
-	EDCONAL AND		(Usual place of			If nonresident give cit		ate
3. SEX	ERSONAL AND	OR RACE				CERTIFICATE OF	DEATH	
Her	nale W	lite	S. SINGLE, MARRI OR-DIVORCED		21. DATE OF DEATH	(Month)	/ , 1 Day)	193 5
Se. If mar	ried, widowed, or divor	ed		0	-0	``	= 1	(Year)
(or)	WIFE of Jece	Roson	r / Del	1.	1 HEREB	Y CERTIFYTH	I attended da	ceased from
6. DATE	OF BIRTH (month, day,	and year) Qu	ly 14.	-1849	last saw hC/alive on	Fil 10th	19.00	death is sald
7. AGE	Yaars	Months	Days	If LESS than	to have occurred on the data sta	tad abova, at// Pm	ı,	
	85	6	27	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEA	ATH and ralated causas of im		
Z 8. T	rada, profession, or par kind of work done, e	ticular s SPINNER.	man.	0		ſ		Date of onset
E	kind of work done, e SAWYER, BDDKKEEP dustry or business in		10000	I	garcen	gma of		
a X	work was done, as SI SAW MILL, BANK, at	LK MILL.			Temps	ar segi	(2m	
OCCUPATION 10. D	ate deceased last work this occupation (mont year)	ad at	11. Total tim	in this		<i>U/</i>	_	
	IPLACE (city or town)	da	2 1		Other Contributory Causes of imp	portance:	omator	-
	tate or country)	May	plane		4 cac	heria		
当 13. N	AME MUS	now	u		,			
13. N	RTHPLACE (city or tow	n),	/		Name of operation		Date of	
-	(Stata or country)	uni	nown		What test confirmed diagnosis?		Wes thara an auto	opsy?
三 15. M	AIDEN NAME	myce	cown		23. If daath wes dua to external ca	auses (VIOLENCE) fill in also	the following:	
15. M	RTHPLACE (city or tow	n)-4-1-1	/		Accidant, suicide, or homicide?	Date of	injury	, 19
	(State or country)		VI 1		Whera did Injury occur?	(Specify city or town, c	ounty and State)	
17. INFDR (A	MANT Odle ddrass)	lyud	such.	cel	Specify whether injury occurred	in INDUSTRY, In HOME, or	IN PUBLIC PLACE	Ē.
18. BURIA	L, CREMATION, OR RE	MOVAL	1 61	1 13 11	Mannar of injury			
Pla	ca) tampo	Lead Mu	Date_/Tel	- 19JJ	Natura of Injury			
19. UNDE	STAKER & de	v 29	riston	-	24. Was disaase or Injar in eny	wey related to occupation of	Secaased?	
	ddrass) V-a	cufirst	eard Me	d	If so, spacify	41	11/11	*
20. FILED.	Fale 12 10	35	ymac	ada/	(Signed)	CHA H	stell	/M. D.
LV. TIEED.	, 13			Registrar.	(Addrass)	Reisleston	for 12	H

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. A.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	11		
Other contributory causes of importance:.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	1461
1. PLACE OF DEATH			101
County	M	Registration Dist. No.	5
Village or City atour	elle spru	doth occurred in a hospital or institution, give its NAME instead of street and nut	-Ward
Length of residence in city or town where deal	/~ / /	ds. How long in U. S. if of foreign birth?	
2. FULL NAME	erles 15	endely, 1's	
(a) Residence: No. 28/2	- Copress	non Mid. Ballun	6
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town and St MEDICAL CERTIFICATE OF DEATH	lale
	. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
reale white	OR DIVORCED (write the word)	Months (Oav)	193 (Year)
5a. If married, widowed, or divorced HUSBANO of	Contract of the		
(or) WIFE of	·la	1 HEREBY CERTIFY, That I attended de	ceased from
6. DATE OF BIRTH (mosth, day, and year)	-10, 1897.	I last saw h min allve on Der 8 1,1935	death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date staled above, at 6.40 m.	
37 11	2-9 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oats of onset
National States of Salar	The Yahala	1	
	my rappu -	da grappi	Jeh 6.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Mumm		
O this occurpation (month and	11. Total time (years) spent in this		
year) Auch 1929	occupation / O.	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	Tai di		
II 13, NAME ITEL & 1	Boudia	Core hat embolism	26/8
13. NAME TO TOWN 14. BIRTHPLACE (city or town)	2	Name of operation	
(State of country)	usury.	What test confirmed diagnosis? Was there an aut	topsy?
15. MAIDEN NAME Minus	Schunds	23. If death was due to external causes (VIOLENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
State or country)	uarry	Where did injury occur? (Specify city or town, county and State))
17. INFORMANT WAS LAW (Address) 2 12 SIN	sitom Ples	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	JE.
18. BURIAL, CREMATION, OR REMOVAL	7/		
Place Clestery	Mate 10 1 1 1935	Nature of Injury	
19. UNDERTAKER Harry H. a	utz/cl	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) 4/0/6 lings	mon Clu	If so, specify	
20. FILED / Q 19.	-/ -/ Lun	(Signed) LOST - Tanked	M. D
512	Registrar.	(Address) Catona Ala Sn	1

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

certificate.

30

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

19. UNDERTAKER

(Address)

mation

N. B.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	948
County Maltimore	Registration Dist. No. 38
Danmari	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Lee A. Benson (a) Residence: No. 4721 Neswick Road (Usual place of abode)	Died suddenly of heart failure while driving auto around son kanon St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Thusband of (or) WIFE of Many A Deuson	21. DATE OF DEATH Continuous Continuous
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. Ormin.	1 last saw h
Kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, ctc. SIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Baltimore	Differ Contributory Caused of Importance:
(State or country) 13. NAME Philander V. Benson 14. BIRTHPLACE (city or town) Eastern Shore B (State or country)	Name of operation
15. MAIDEN NAME Mary Seth 16. BIRTHPLACE (city or town) Eastern Shore of (State or country)	What test confirmed diagnosis? Was there an autopsy?
17. INFORMANT Casl C. Richard (Address) Baltimore and 18. BURIAL, CREMATION, OR REMOVAN	Specify whether injuly occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
10. DONIAL, CHIMATION, ON REMIDIAN	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury.

If so, specify

(Signed)

24. Was disease or injury in any way related to occupation of deceased

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1.3	

And Paule for further STATEMENTS BY OUTSICIAN and Pronounced My, Brusou. Araka

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	>	CIANS should state CAUSE OF DEATH In plain terms so that it may be pro-	statement of OCCUPATION is very Important. See instructions on back of or
	ver	Y	tat
	M	O	60
	N. B Every Item of Information should be carefully supplied. ACE chould be stat		
	-		
	-		

PLACE OF DEATH	STATE OF I	MARYLAND
County Bath	CERTIFICATE	OF DEATH
	Registration 1	Dist. No. H3
Village or City Rapphy (No.	Fullerton aust.: Ward)	(If dentile accounted in
2 FULL NAME & Bary Board	ient	tion, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH FLB 28 (Month)	(Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That 1 att.	ended the deceased from
Fit 28 , 135	that I last saw halive on	
(Month) (Day) (Year)		
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	above, otn
8 OCCUPATION (a) Trade, profession or particular kind of work	Prenatus labor.	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)	yrsd
9 BIRTHPLACE (State or country) Results Back to Wal	Contributory Secondary	yrs mos d
10 NAME OF FATHER QUILLE BROWN	(Signed) Ohuthohe	М. Г
OF FATHER (State or country)	*State the I iscase Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	
(State or country) 12 MAIDEN NAME		
of MOTHER ama M. Product	18 LENGTH OF RESIDENCE (For Hospitients or Recent Residents)	tals, Institutions, Tran
13 BIRTHPLACE OF MOTHER BUSING	At place In the	eyrsmosd
(State or Country). 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?	100000000000000000000000000000000000000
Color O Books &	Former or usual readence	
(Informant) (Address) Fullette OR	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed 3/1 1935 S. a. Futy M.D. Registrai	20 UNDERTAKER	ADDRESS
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

Strtement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary). (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculasis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; or intercurrent) affection need Chronic etc. The contributory ralvular heart disease; not be

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01464
1. PLACE OF DEATH	107-0
County () allimine ?	Registration Dist, No.
Village or City June's Sta. Po	No. No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Nam M. (2)	owen
(a) Residence: No. Durner's St.	a st. Balmew, mo
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH Of Oay) (Year)
5a. If married, widowad, or divorcad HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY That I attanded decaased from
The state of the s	2/1/35,19,10
6. DATE OF BIRTH (month, day, and year) 4-10-1892	t last saw h. A aliva on
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Toda potación a continua	were as littlews: Oate of open
8. Trade, profession, or particular kind of work done, as SPINNER, dometic	Mila Mila
kind of work done, as SPINNER, Comulative SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc. Wousework	
10. Date deceased last worked at this occupation (month and 2 1 - 35 occupation 20 4	
Maril. 1	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) (State or country)	thmo
E 13. NAME James Kell	2
13. NAME James Kell 14. BIRTHPLACE (city or town) Manyland	Nama of operation Date of Date of
(Stata of country)	What test confirmed diagnosis? Was there an autopsy? Max
15. MAIOEN NAME Ellen Thomas 16. BIRTHPLACE (city or town) Jungunia	23. If daath was due to external causes (VIDL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Jungsmiles	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT James Station Md.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMDYAL	Manner of injury
Place M. Cultum Oate J. 6, 19 B.C	Nature of injury
19. UNDERTAKER LAS SCORPE	24. Was diseasa or injury in any way ralated to occupation of dacaased? 200
(Addrass), S/4 7 - Collegens	If so, specify
20. FILED Mal 35-, 19. AM Caracan Auch	(Signed) M. D. A. Z. D. D. A. R. D. M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones ·	May 1,1923	Gastroenteritis	1 year
		1	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(29)
County Baltimore	Registration Dist. No. 30
Village or City Catorisville Ola	(If death occurred in a horpital or institution, give its NAM instead of street and number)
Length of residence in city or town where deeth occurred5_yrs	mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME John 54 Boyes	e de la companya della companya dell
(a) Residence: No Old Friederick K	d TSD ng Base ele Ane. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH
HUSBAND of (or) WIFE of Schoolotte Boyer	22. I HEREBY CERTIFY. That I ettended deceesed from 7. 1933, to File 16, 1935
6. DATE OF BIRTH (month, day, and year)	I last sawn u elive on Tel 16 1935 death is said
7. AGE Yeers Months Deys If LESS the	to have occurred on the dete steted above, et 3.35 P.m.
54 3 18 or	mere as tallows.
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pelluma Julerselm (11)
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed lest worked at this occupation (month off).	
10. Date decesed lest worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town) Brokelyn (State or country) Bulliopote Md	Other Contributory Causes of importance: Spanianeau Ineuro Florage June 1-3
13. NAME William Boyer	
13. NAME William Boyer 14. BIRTHPLACE (city or town) (Stete or country) Mary Land	Name of operation. Date of
15. MAIDEN NAME Mrs Amile Frank	23. If deeth wes due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Muse Annie Hranke 16. BIRTHPLACE (city or town) Carrell Co. (Stete or country) Many Common Commo	Accident, suicide, or homicide? Date of injury, [9
17. INFORMANT May Scharlotte Boyer (Address) Old Fined Rd & Indedic	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Western Cem Date 77 et 19, 19:	3.5 Nature of Injury.
19. UNDERTAKER Easton Jonas (Address) Ellicatt City md.	24. Wes disease or injury In eny wey releted to occupetion of deceesed?
20. FILED Felo 17, 1935 markall Blood	(Signed) Marshall B West M. D. (Address) Calounelle Und
If more blanks are needed, address State Regist	trar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I	i	Example II	
The principal cause of deat of importance were as follow	ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIV	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	KEN	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FED 22 193	July 5, 1927	Peritonitis	3 days ago
	NURRAU	7. 8.		
Other contributory causes of	of importance:	Street of Street Street Street	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

should state of OCCUPA.

PHYSICIANS

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(23)
County Battemore	Registration Dist. No. 3.3
Village or City Durings mills	No. Rosewood State Training sychool Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
on :	sds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Drances antonia	Britte
(a) Residence: No. Hagerslown (Usual place of abode)	St.,Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A
male White OR DIVORCED (write the word)	Teornary 20 ,1935
5a. If merriad, widowed, or divorced	(Month) (Oey) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0 / 0 0 1/	February 19, 1935, 10 Tet 20, 1935
6. DATE OF BIRTH (month, day, and year) Oct 10, 1924 7. AGE Yeers Months Days If IESS then	Hast saw ham allve on Debruary 20 , 1935; deeth is seid
1 day hre	to have occurred on the dete steted above, at 6 200 ft.m.
ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Santale Reserved	De top of the state of
SAWYER, BOOKKEEPER, etc. State Training 9. Industry or business in which School O works	Conferilal spastic From
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occupation (month and	Carablegic dhiof
Spant III fills	· · · · · · · · · · · · · · · · · · ·
yaer) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) / fagerstown, Ind.	Other country cause of importance.
(State or country)	Julmonary Interculoses They
13. NAME Joseph Sritte 14. BIRTHPLACE (city or town) & taly	(for addanced active)
	Neme of operation une Date of No
(Stete or country)	Whet test confirmed diagnosis? Cathological Was there en autopsy? He
15. MAIOEN NAME Elizabeth Whisner 16. BIRTHPLACE (city or town) Vessel Virginia (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
5 16. BIRTHPLACE (city or town) West Virginia	Accident, suicide, or homicida? Date of injury
(State or country)	Where did Injury occur?
17. INFORMANT - Processed - State - Training	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) School: Owings mills, Wold.	
Plece Sayon have Oate 7/ 1935	Manner of injury
Of A of A	Natura of Injury
19. UNOERTAKER PRES M. Kraiss	24. Was disease or injury In eny way releted to occupation of deceased?
(Addiess) Hagerstown, Ind.	If so, specify
20. FILEO 7-30,28 , 1975 OT MARIAN	(Signed) M. D.
Registrar.	(Address) - () Market) and (

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

tem of infor-	should state	of OCCUPA-	
RD. Every i	PHYSICIANS	act statement	
N. BWRITE PLA LY, WITH UNFADING INK-THIS IS A PERMANENT RE RD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	aj.
HIS IS A PI	be stated	be properly	of certificat
IG INK-TH	AGE should	that it may	ons on back
UNFADIN	supplied.	in terms, so	See instructi
LY, WIT.	be carefully	EATH in pla	important.
-WRITE PLA	mation should	CAUSE OF D	TION is yery important. See instructions on back of certificate.
N. B		(.	7

	CERTIFICATE OF DEATH 01467
1. PLACE OF DEATH	23)
County Daltemore	Registration Dist. No. 30
Village or City, Coatorsulle (If	No. Abruve It ov + Hospital St., Ward death occurred in a hospital or institution, give its NAML instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cleanor Brown	
(a) Residence: No. From Bay View (no add	St. / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Lingle	21. DATE OF DEATH Condition (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY That I attended deceased from
(or) WIFE of Lingle	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Ruay 13/1857	I last saw h & alive on Flor 10 1935 death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, et 3 400 m
77 8 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Jole Carton	Failm Tuberculosis 541
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9-Industry or business in which work was done, as SILK MILL, Luck Work was done, as SILK MILL, Luck Work was done, as SILK MILL, Luck Worked at 11 Total time (wasre)	The state of the s
O 10. Date deceased lest worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Packers (State or country)	Other Coutributory Causes of importance:
	Car out nephretion 1 yrs
14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UNKnown	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME CULKNOWN 16. BIRTHPLACE (city or town) 4	Accident, suicide, or homicide? Date of Injury, 19
≥ (State or country)	Where did injury occur?
17. INFORMANT Gay vew Hospital	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	, Manner of Injury
Place - 13 1935	Nature of injury
19. UNDERTAKER John O Mitchell	24. Was disease or injury In any way related to occupation of deceesed?
20, FILED Hy 5 , 190 Allandane	(Signed) Noble E Garrett M. D.
Registrar.	(Address) Carton and I am

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
DEDITORS THE CONTROL STATE OF THE STATE OF T			

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 01468
1. PLACE OF DEATH	13)
County Ballinne	Registration Dist. No.
Village or City Legus	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME I RE Brown	
(a) Residence: No. Ly as Wel (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the pord) Colored	21. DATE OF DEATH $\frac{2}{\text{Month}}$ $\frac{2}{\text{Oav}}$ $\frac{3}{\text{Year}}$ $\frac{3}{\text{Year}}$
5a. tf married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	I lest saw h
7. AGE Years Months Days If LESS than	to have occurred on the date streed ebove, et _ 6 m.
clay 90 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
No. 1 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Claronia Interstition Nether
9 Jadustry or business in which	alt Colemnia 54
work was done, as SILK MILL, SAW MILL, BANK, etc.	with the second second
10. Date deceased last worked at this occupation (mogth and spent in this	
year) occupation was	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	
TI 13. NAME	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation. Oate of
(State of Country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill In elso the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Chus Hurne Palernel	Specify whether injury occurred in INOUSTRY; in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Balts lo dem for Part 4 , 1935	Nature of injury
19. UNDERTAKER William la Brook Stor	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO Feb 3 4 1995 William & lahilcon	(Signed) B B Bennon, M. D.
// Registrar.	(Address) bely suffer the
If more blanks are needed, address State Revistrar.	2411 N. Charles Street, Baltimore, Requesting V. S. So. 1.

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
WUREAU V. S.		Buen e e e e e e e e e e e e e e e e e e		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill: (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, without more precise specification as Day Laborer-Coal minc, etc. Wom-Architect, single word or term on Locomotive The quesengineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles tetanus) may be stated under the head of "contributory." "Exhaustion," "Heart tallure, Old Age," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis, diseases can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; or intercurrent) Chronic valvular heart disease, etc. The affection need eontributory not be ete., or

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

1. PLACE O	F DEATH		165		2.5
County	Baltimore	*******************************		Registration Dist. No	38
Village or (ity Towson,	(ا	f death occurred in a hospital or	Enoch Pratt Hospi institution, give its NAME instead of str S. If of foreign birth?yrs	reet and number)
	ME M135 N	Rosalind Br 374 St (Usual place of abode)	St., Ward.	Hew York Co	
PERSON	IAL AND STATIST	ICAL PARTICULARS	MEDICA	L CERTIFICATE OF DE	ATH
Female	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEAT	ebury 3 (Month) (Day)	, 193. 5 (Year)
7. AGE Ye	1 2	Dec. 2, 1883 Oays If LESS than 1 day,	I last saw in Qualive o to have occurred on the date	BY CERTIFY. That I at the Company of	1935; death is said
J. Industry or work wa SAW MI	ssion, or particular work done, as SPINNER, BOOKKEEPER, etc	1 4 4 4 1	Suici	de ley fanging	73/35
12. BIRTHPLACE (c (State or cou	ty or town) Bac	Liver land	Other Contributory Causes o	f Importance:	1912
13. NAME 4	(city or town) 31	vok line	Name of operation		Date of

MOTHER (State or country) Hospital 17. INFORMANT _ (Address)

18. BURIAL, CREMATION, OR REMOVAL

16. BIRTHPLACE (city or town).

19. UNDERTAKER (Address)

24. Was disease or Injury in any way related to occupation of deceased?

Specify city or town, county and State)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of injury Nature of Injury

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1 3	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
em of	should	J 0C	
ery it	NS	ent o	,
D. Ev	SICIA	tatem	
SCOR	PHY	act s	
T RI	LY.	. Ex	
ANE	CT	sified	
ERM	EXA	y clas	te.
SAF	tated	roper	TION is very important. See instructions on back of certificate.
SI	e st	e p	f ce
THI	q p	yb	k o
VIK	shoul	it ma	n bac
75	GE	hat	us o
NI	A	so t	ction
FAI	ied.	ns,	stru
N	lddu	teri	e in
H	ly S	lain	Se
WI	eful	in p	ant.
LY,	car	TH	orta
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mation should N. B.-WRITE PL

V. S. No. 1

STATE OF	MARYL	AND-CERTIFICATE	OF DEA	TH
OIMIL OI	1414 414 1	MIND OF THE	V. 2-11	

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7	1	1	1	- 5
3	-	70	6	3.

10 .4	73-6
County Bellimore	Registration Dist. No.
Village or City Cassed, Pard.	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Stive Bukes	
(a) Residence: No. Long Beach	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I ettended deceesed from
DATE OF BIRTH (month, day, end year) (inferioring)	1 last saw have alive on feet 2/ 1935; death is said
AGE Years Months Deys If LESS than I dey,hrs	to have occurred on the date stated ebove, etm. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic Myseuditis 1939
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et I1. Total time (yeers)	
10. Date deceased last worked et this occupation (month and year)	
(2. BIRTHPLACE (city or town) (usbrue	Other Contributory Causes of Importance:
13. NAME Unknown	
13. NAME Unfermore 14. BIRTHPLACE (city or town) (State or country)	Neme of operation. Market Dete of Dete of No.
	What test confirmed diagnosis? When there en au'opsy? 23. If death was due to externel causes (VIOLENCE) fill n elso the following:
15. MAIDEN NAME Conformation (State or country)	Accident, suicide, or homicide?
17.1NFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL Piece (Lines House Lelas Date 2/23, 1933)	Manner of injury
19. UNDERTAKER John G. Connelly & (Address) asser mis 19	24. Wes disease or injury in eny way related to occupation of deceesed?
20. FILED 2/23 1935 John G. Commell	(Signed) Allee M. E. (Address) Sarry Mile

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Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 15 1905	July 5,1927	Peritonitis	3 days ago
V S S S S S S S S S S S S S S S S S S S	BUREAU V. S.			
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS I	BY	PHYSICIAN
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V. S. No. 1

infor-

of

plnods item

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

Oate of onset

Was there an autopsy? Ald-

(Day)

Registrar.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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(Year)

; death is said

Date of onset

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis
Chronic interstitiat nephritis 1915 Attack of cvilevsu 1 week ago Run over by street car 1921 1 week ago July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

STATE OF MARYLAND-CERTIFICATE OF DEATH

The process of the pr	STATE OF MARTEARD	CERTIFICATE OF DEATH
Village or City. An Anomaly Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. A How long in U. S. If of foreign birth? A LOLLOR OR RACE B How long in U. S. If of foreign birth? A LOLLOR OR RACE A COLOR	1. PLACE OF DEATH	(107-70)
Langth of residence in city or fown where death occurred. Langth of residence in city or fown where death occurred. 2. FULL NAME 2. FULL NAME (a) Residence: No. (barrylase of abodo) St. Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARKED WINDOWSD 3. SEX 4. COLOR OR RACE 5. SINCLE MARKED WINDOWSD 3. SEX 4. COLOR OR RACE 5. SINCLE MARKED WINDOWSD 3. THE REBY CERTIFY. This, I attended deceeved from (Years) (Nonth) 1. Sex Ward. If HER EBY CERTIFY. This, I attended deceeved from (Years) 1. Sex Ward. 1. DATE OF DEATH 2. DATE OF DEATH 3. Sex Ward. 1. Sex	County Declination	Registration Dist. No. 38
Langth of residence in city or fown where death occurred. Typmesds. How long in U.S. II of foreign birth?yrsmesds. 2. FULL NAME		NoSt Ward
(a) Residence: No. (Usus) place of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX		
(a) Residence: No. (b) Clustaplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE DR PYORGE Centre was considered with the constraint of the cons	7.1.0	ds. now long in 0.5. If of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR PHYORED OR PHYORE	Z. FOLL NAME	MOT
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR HYDOKED (which the wayd) 54. If merried, widowed, or Thorned (top) wife to do the wint the wayd (top) wife to do top) wife to do the wint the wayd (top) wife to do top) wife		
3. SEX 4. COLOR OR RACE DOR PHYOROGO Counter the word) 5. If morried, ordered, ordered of counter the word (Month) 5. DATE OF BIRTH (month, day, end year) 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day, here 1 day, here, or min, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEPFR, etc. 9. Industry or business in which work was often, as SINNER, SAWYER, BOOKKEPFR, etc. 9. Industry or business in which work was often, as SINNER, SAWYER, BOOKKEPFR, etc. 9. Industry or business in which work was often, as SINNER, SAWYER, BOOKKEPFR, etc. 9. Industry or business in which work was often, as SINNER, SAWYER, BOOKKEPFR, etc. 9. Industry or business in which work was often, as SINNER, SAWYER, BOOKKEPFR, etc. 9. Industry or business in which work was often, as SINNER, SAWYER, BOOKKEPFR, etc. 9. Industry or business in which work was often, as SINNER, SAWYER, BOOKKEPFR, etc. 9. Industry or business in which work was often, as SINNER, SAWYER, BOOKKEPFR, etc. 9. Industry or business in which work was often, as SINNER, SAWYER, BOOKKEPFR, etc. 9. Industry or business in which work was often, as SINNER, SAWYER, BOOKKEPFR, etc. 9. Industry or business in which work was often as SINNER, SAWYER, BOOKKEPFR, etc. 9. Industry or business in which work was often as SINNER, SAWYER, BOOKKEPFR, etc. 9. Industry or business in which work was often as SINNER, SAWYER, BOOKKEPFR, etc. 9. Industry or business in which work was often as SINNER, SAWYER, BOOKKEPFR, etc. 10. Date descended and worker and saw or was a single or town. 11. Total time (very) 12. BIRTHPLACE (city or town) 13. NAME Of Operation. 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BIRTHPLACE (city or town) 19. Where did injury occur? 19. Where did injury occur? 19. Where did injury only way related to occupation of decessed? 19. Where did injury in any way related to occupation of		
Se. If merried, widowed, of porced HUSAND (Month) (Dey) 193 S. If merried, widowed, of porced HUSAND (Month) (Dey) 22 I HEREBY CERTIFY, That I attended deceased from the set of the second of the second of the set of the second of the set of the second of the second of the set of the second of the set of the second of the second of the set of the second of the set of the second of the second of the set of the second of the set of the second of the second of the set of the second of the set of the second of the second of the set of the second o		
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V. S. No. 1

N. B.-WRITE PL.

F. PHYSICIANS should state Exact statement of OCCUPA-

UNFADING INK-THIS IS A PERMANENT RI

FOR BINDING

MARGIN RESERVED

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex

TION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	A. A	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PURDALLY, S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		\$	

45 08 C

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

ARGIN

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1. week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Man 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

infor-

BINDING

RESERVED

ARGIN

V. S. No.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 01410
1. PLACE OF DEATH	942
County Ballynore	Registration Dist. No.
Length of residence in My or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Yenry Culley	
(a) Residence: No. Cond Intervention (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 26 ,1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Rose a, Crilley	22. I HEREBY CERTIFY. Thet I attended deceesed from
6. DATE OF BIRTH (month, day, end yeer) 25 186 3	I last saw h in alive on Jeb, 26 19 5 ; deeth is seid
7. AGE Yeers Deys If LESS than	to have occurred on the date steted above, at
72 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were as follows:
8 Trede, profession, or perticular kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc. 9. ladustry or business in which work was done, es SILK MILL, 2 S. Polytical SAW MILL, BANK, etc. 10. Date deceased last worked at this securation (month end	Cloronary Occusion 1935.
9. Andustry or business in which work was done, es SILK MILL, 1)	(Cal 14)
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Texas	Other Contributory Causes of Importence:
(Stete or country) Mary Cand	
13. NAME Verry Crilley 14. BIRTHPLACE (city town)	
14. BIRTHPLACE (city (flowny)	Neme of operation Date of
1 (State of Country)	What test confirmed diegnosis? Wes there an autopsy? No
15. MAIDEN NAME Mary Kernedy 16. BIRTHPLACE (city or town)	23. If deeth was due to external ceuses (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or toon)	Accident, suicide, or homicide? Dete of injury, 19
2 (State or country) Ireland	Where did injury occur?
17. INFORMANT / GREY Crilly (Address) Singly Green / March	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	Manner of Injury
1935 Johnie Cemelery Det Morch 1935	Nature of injury
19. UNDERTAKET BERICK Less motors (Address) 740 (Belief Poad	24. Wes disease or injury in any way releted to occupation of deceased?
20. FILED. 2/27/35-90 Valles Mymmy	(Signed) Clifford J. Judson M. D.
Registrar.	(Address) D. J. STR. MA

01170

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
#h/F		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

See instructions on back

should state

1. PLACE	OF DEATH		-	(82-01)	
County	Baltimore			Registration Dist. No. 32	
Village o	r City Pikesville	9		No. 10 Linden Her wase St.	Ward
	residence in city or town where		7	f death occurred in a hospital or institution, give its NAME instead of street and	number)
		1.5.6	yrsmos	sds. How long in U.S. if of foreign birth?yrsrr	10sds.
	NAME Francis H.				
(a) Resid	dence: No. 10 Linder	(Usual place		LITSt., Ward. If nonresident give city or town and	I State
PERSO	DNAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	Diate
3. SEX Male	4. COLOR OR RACE White		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH Fe bruary 7 -6: (Month) (Day)	5 (Year)
5a. If married, wid HUSBAND o (or) WIFE of		emery		22. 1 HEREBY CERTIFY, That I attended Feb. 6 19 35 to Feb. 7	
6 DATE OF BIRT	FH (month, day, and year)	Jane 1	1880	I last saw h i m alive on Fe b. 7 1935	, 19
	Years Months 55 1	Days 6	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 10 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
Z Trade, pro	ofession, or particular of work done, as SPINNER,	-		Gerebral hemorrhage	Feb. 6
SAWY	ER, BOOKKEEPER, etc or business in which	Bailer		-	1935
work SAW		ting Balt	o. Sun		
10. Date dece this or year)	eased lest worked at ccupation months and	Sp9	ime (years) nt in this Life upation		-
12. BIRTHPLACE (State or o	(city or town)	•••••••••••••••••••••••••••••••••••••••		Other Contributory Causes of Importance: Arterial Hypertension	1931
13. NAME	William Demery				
13. NAME 14. BIRTHPLA (State	ACE (city or town) Queen: e or country) Irela	stown nd		Name of operation None Date of What test confirmed diagnosis? Clinical Was there and	N.
15. MAIDEN	NAME Elizabeth	Seymour		23. If death was due to external causes (VIOLENCE) fill in also the following	
0 16. BIRTHPLA	ACE (city or town) Queen:	stown nd		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT (Address)	Bertha M. Dem		esville	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
173	rederick. Md.	41	2 0 21	Manner of Injury	
PlaceH	rederick, Md.	Pate July	, 19	Nature of injury	
19. UNDERTAKER (Address)	Word Y	Frank H	Sous	24. Was disease or injury In any way related to occupation of deceased?	No
20. FILED Fel	98 V,1935	7790	Myse	(Signed) Pikesville, Md.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person

who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9-The industry or business in which the work was done. 10. The month and year the deceased last worked at the occupation.

11. The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," out the particular kind of work done and return that, as spinner, weaver, etc.

In starting the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.,

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the same of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Authorization to	L SPACE FOR FURTHER ST.	ATEMENTS BY PHYSICIAN	under D	r.
Nichols. 2/18/35				

V. S. No. 1

STATE OF MARTLAND	-CERTIFICATE OF DEATH 11481)
1. PLACE OF DEATH	159
County Ballerarl	Registration Dist. No.
	No. 311 dental or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,m	os. 3 ds. How long in U.S. if of foreign birth?
2. FULL NAME Day Suffy. (a) Residence: No. 311 January and Days (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, wildowed, or divorced HUSBAND of	
(or) WIFE ot	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Au 30, 35.	- Jan 20 1935 to 197 7 1933
6. DATE OF BIRTH (month, day, and year)	llast saw harmelive on FeV , 1933; death is said
3 1 day,hr:	to heve occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es tollows: Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER,	
SAWYER, BOOKKEEPER, etc	- Fremature Birly.
work wes done, es SILK MILL, SAW MILL, BANK, etc.	(5-6- weiths)
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month end yeer) occupation	
1	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Salto Co. W.C.	<u> </u>
13. NAME aus Fillas.	
14. BIRTHPLACE (city or town) Ballo Co.	Neme of operation Dete of
	Whet test confirmed diegnosis? Wes there an eutopsy
15. MAIDEN NAME Cluve Maleur Lufy 16. BIRTHPLACE (city or town) Relative Be are Country)	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town) Reliability beared	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Will the Ruffer (Address) Zamsan July	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Clasant Nevernoused 186. 4710193	Neture of Injury
19. UNDERTAKER BANAN & Manie IV. I Night	24. Wes disease or injury In any wey related to occupation of deceased?
20. FILED Feb 3 19th And P Butter	(Signed) Shuffellu M. D.
Registrat.	(Address) dans du

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
CONTRACT V. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Gaustones	May 1,1925	- Gastroenterius	

V. S. No. 1 m

20. FILED 2 2 1935

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01481
1. PLACE OF DEATH	
county Balto	Registration Dist. No.
Village or City Parkville	No. Moreland ave st Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Elsie M. Duthi.	
(a) Residence: No. Moreland ave	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH RL 84 (Month) (Day) (Year)
5a. If married, wi dowed, or divorced HU3DAND of	
(or) WIFE of William K. Duthie	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Quy 18 1884	The state of the s
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last sew h alive on
1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
ormin.	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	location of Heart 1-15-35
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (mostly and	
9. Industry or business in which work was done, as SILK MILL, AV Nowe SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and year) spent in this occupation.	
12. BIRTHPLACE (city or town) Balto md	Other Contributory Causes of Importance:-
(State or country)	Hypertension under
13. NAME albert Hood	<i>V</i> 1
13. NAME 14. BIRTHPLACE (city or town) (State or country) 10. NAME 11. NAME 12. NAME 12. NAME 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Louisa Ruch	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME LOSICIA Ruffe	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Wa'lliam K. Duthir	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Park Date Feb 11 8, 1935	Mannar of Injury
19. UNDERTAKER Wen Cook	24. Was disaase or injury in any way ralated to occupation of decoased?
(Address) 1217 ST Feel ST.	If so, spacify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	16
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND—CERTIFICATE OF DEATH

0	- 45	.0	0	0
1.8	7	19	300	1
. 7	7 -	Pip.		64
	4	-66	Sec.	

1. PLACE OF DEATH		(2.0)	
County Baltim	or ma	Registration Dist. No.	44
Village or City 6Com	dale,	NoSt., death occurred in a horpital or institution, give its NAME instead of street as	Ward
Length of residence in city or town where dea	ath occurredyrs,rgos	ds. How long in U.S. if of foreign birth? yrs.	mos. ds.
2. FULL NAME OCO	a con	meyer	
(a) Residence: No Scored	(Usual place of abode)	St. Ward If nonresident give city or town	and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
Jemes White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	au	22. I HEREBY CERTIFY, That I attend Feb- 10, 1935, to Feb. 16	led deceased from
6. DATE OF BIRTH (month, dey, end year)	016-1861	I last saw her alive on Feb 15, 19.3	المر ; deeth is said
7. AGE Years Months 7 4 2	Deys If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, et9o_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Home	myscarditis: aute.	2/14/3
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc		Devations natistated . Curst.	
10. Date decessed lest worked at this occupetion (month and year)	11. Totel time (years) spent in this occupation	Describe to say whether gall stones were present. Dether Contributory Causes of Importance:	
12. BIRTHPLACE (city or town). (State or country)	co	stall Black. And	
13. NAME Muchael 14. BIRTHPLACE (city or town)	inkand	Obstructive Jaundine	
14. BIRTHPLACE (city or town) (State or country)	Jemany	Neme of operation Date o What test confirmed diegnosis? Wes there	f an autopsy?
IS. MAIDEN NAME SUSSE	Zulland	23. If deeth was due to external ceuses (VIOLENCE) fill in also the follow	
15. MAIDEN NAME (State or country)	Iwany	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	of lane	Where did injury occur? (Specify city or town, county and	State)
(Address) Roselale	ma /	Specify whether injury occurred in INDUSTRY, in HOME, or in PÜBLIC	PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Date Fell DO 1933	Manner of injury	
	0	Neture of injury	
19. UNDERTAKER STATES	culticly an	24. Was disease or injury in any way related to occupation of deceesed? If so, specify	no
20. FILED 7/19 1935 The	y G. te Snell	(Signed) & Nording (Address) 4810 Belsin Rd,	M, D
VIf more bl	anks are needed, address State Registrar,	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.	-

N. B.—WRITE mations

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915	Dete of onset Dete of onset

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01483
1. PLACE OF DEATH	
County Dalfings	Registration Dist. No. 42
Village or City Kalethorpe	No. Selma Wenue St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME/Marganet Herbert Edr	yourstones of money
(a) Residence: Not 26/1 Montrose ave.	lasselt wark Maryland.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (ruprite the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
(or) WIFE of when W. Edmonston	22. I HEREBY CERTIFY. That I attended deceased from
MMP-3-1860.	, 19.50, 10, 19.00
6. DATE OF BIRTH (month, day, end year) MML -3 18 02 4 7. AGE Years Months Days If LESS than	I last saw h. alive on to have occurred on the date stated above, et 2 % Pm.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	me ma
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Dato deceased last worked at 11. Toylu time (years) this occupation (month end	
SAW MILL, BANK, etc.	
10. Dato deceased last worked at this occupation (month end year)	
Amaki	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Thomas & - Herbert	
13. NAME Thomas & Herbers 14. BIRTHPLACE (city or town)	Name of operation
(State or country) / Manual	What test confirmed diagnosis?
15. MAIDEN NAME Margaret Jucas.	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Marguret Jucas. 16. BIRTHPLACE (city or township) Thomas Torong.	Accident, suicide, or homicide?
State or county)	Where did injury occur?
17. INFORMARY alther W. Edmonston	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
The sele Montrose ave Sarrett PREMA.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Washington N. & Oate Velt . 9 , 1930	Nature of injury
19. UNDERTAKER THE S. H. Hime 60.	24. Was disease or injury in any way retated to occupation of deceased?
(Address) 2401 - 14 4 14 - 17/w.	If so, specify
20. FHATTY 2 1935 Ten Smiles le	(Signed) M. D.
Jegisfar.	(Address) 2 by Soul Ah
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

2	item of infor-	should state	of OCCUPA-	1
	RI RD. Every	Y. PHYSICIANS	Exact statement	/
District NO.	IS A PERMANENT	stated EXACTL	properly classified.	ertificate.
9	SI	be s	pe I	of c
DUITING NO. TO THE WIND WIND WIND WIND WIND WIND WIND WIND	PLANCIN, WITH UNFADING INK-THIS IS A PERMANENT RICHOR, Every item of infor-	hould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	very important. See instructions on back of certificate.
	PL	noul	OF I	very

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01484
1. PLACE OF DEATH	93.6
County Baltimore	Registration Dist. No.
Village or City Lutherville, Ind	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U. S. iI of foreign birth?yrsmosds.
2. FULL NAME William (TISHE	12
(a) Residence: No. Lucalus Trank (Usual place of abode)	St., Ward. If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of Bertha B.	February 1, 1935, to pelvery 1, 1935
6. DATE OF BIRTH (month, day, and year) Murol 18-1871	Hast saw h in fative on Feb 1 183 5 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 4.30 Cm.
/ 2 // /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession as particular	were as follows: Oate of onest
kind of work done, as SPINNER, Netwest	Tours to
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Sactured work was done, as SILK MILL, Sactured work was done, as SILK MILL, Samuel in this securation (month and specific property).	
SAW MILL, BANK, etc. Will, Welker work	Primay Cours: Chanie myogardetis
the section (ments and	Granou Chaone myscondetis
year) occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) Ballining	
(State or country)	me
14. BIRTHPLACE (city or town) Ballsman	
14. BIRTHPLACE (city of town) Ballemare	Nama of operation Dato of
(Stete of Edunity)	What test confirmed diagnosis? Trans. Was there an au'opsy? 40.
15. MAIDEN NAME Sarah a Pierce 16. BIRTHPLACE (city or town) Dallinse	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Ballinge	Accident, suicide, or homicide? Dete of injury
∑ (State or country)	Where did injury occur?
17. INFORMANT Edward of Sattles (Address) 2001 Hillow & Bata.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tremscount Cubate Lat. 4, 1950	Nature of Injury
19. UNDERTAKER Paris Transk	24. Was disease or Injury In eny way related to occupation of deceased? NO
(Address) (-) 802 Madison and	If so, specify
10. FILED Feb 1 1935 - Am P. Goller	(Signed) W. Dhart: M. D.
20. FILED 1 1922	(Address) Towson & Mid
If more blacks are made of the State Daily	N Chalasa B D B G S N

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	SICIA	N
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STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. 32 (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth? ______yrs. _____mos._____ds. Ward. (Usual place of abode) If nonresident give city or town and State

1. PLACE OF DEATH Village or City (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. CERIFY. That I attended deceased from (OF) WHEE OF 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above at ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc... 10. Date deceased last worked at 11. Total tima (yaars) this occupation (month and spent In this occupation 12. BfRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ 19 16. BIRTHPLACE (city or town) (State or country Whare did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 3 Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) (Address)

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		BECEINED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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FATHER

MOTHER

very important.

TION

On

10. Date decaased last worked et this occupetion (month end

(State or country)

(State or country)

15. MAIDEN NAME Clara

14. BIRTHPLACE (city or town) ____ Balto.

16. BIRTHPLACE (city or town)_____Balto.

(Address) Parkville, Md
18. BURIAL, CREMATION, OR REMOVAL

12. BIRTHPLACE (city or town). (State or country)

13. NAME

19. UNDERTAKER (Addrass)

1. PLACE O				(11-a)
	Baltimore			Registration Dist. No
Village or	city Parkvi	lle		NoNo.
Langth of re	sidence in city or town whar	e daath occurrad		f death occurred in a horpital or institution, give its NAME instead of at second of the second of t
2. FULL NA	ME Donald	Hays Ge	ttier	
(a) Reside	nce: No.Harford	Rd.opp.	Parkvolle	Sahool Ward.
		(Usual place		If nonresident give city or t
	NAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DE
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH
Male	White	OK DIVORCE		February 19th,
Male 5a. If married, wido HUSBAND of	White wed, or divorced	OR DIVORCE		(Month) (Day)
Male 5a. if married, wido		ON DIVORCE	==	22. J HEREBY CERTIFY, That I
Male 5a. If married, wido HUSBAND of (or) WIFE of				22. HEREBY CERTIFY, That I
Male 5a. if married, wido HUSBAND of (or) WIFE of 6. DATE OF BIRTH	wed, or divorced		928	22. J HEREBY CERTIFY, That I
Male 5a. If married, wido HUSBAND of (or) WIFE of 6. DATE OF BIRTH	(month, day, and yaar) Mars Months	ay 29, 1	928	i iest saw h

11. Totel tima (years) spent in this occupation _____

Charles R. Gettier, Jr.

Vorsteg

Mr. Charles R. Gettier. Jr

Plece Parkwood Cem. Date Feb. 22, 1935

01486

//-	a)				0	
		Registrat	ion Dist.	No	J 6)
No.					St.,	Ward
death occurred in a hospita						
ds. How long i	1 U.S. if of	foreign birth	?	_yrs	mos	ds.
Sahool Ward						
		If nonresi	dent give	city or to	wn and S	state
MEDI	CAL CE	ERTIFICA	TE O	FDEA	TH	
21. DATE OF DE						
	Feb	ruary (Month)	19t	h,		1935
						(Year)
22. HE	REBY	CERT	IFY,	That I at	tendad d	aceasad from
Ter ?		1935, to	THE	6	18	, 19.38
i iest saw h. ali	va on	Tel	1-19	,,1	85	deeth is said
to hava occurred on the	date stated	above, at 1	1:10	R.M.		
Tha PRINCIPAL CAUSE ware as follows:	OF DEATE	I end ralated	causes of	importanc	ė	
	1	0				Data of onset
Kath	w	me	un	224		10.4
		7			4	12-5
04 - 6 - 1 - 6						
Other Contributory Cana	es or impor	tance:				
Luc	Tre	Dia	0			145
L		<i></i>				14000
						17.00
Nama of operation					ta of	
Whet test confirmed dieg						opsy?
23. If daath was due to ax					_	
Accident, suicide, or hom	icide?		Date	of injury		, 19
Where did injury occur?		(\$:4			16	
Specify whather injury o	ccurred in	INDUSTRY, in	HOME,	r in PUB	nd State)	E.
Mannar of injury						
Nature of injury						
24. Was disaase or injury		v related to or	cupation	of dages-	ed?	22
if so, specify	, uny ma	,	- Pation	OI Garras	ou:	
(Signad)	01	and.	X	be	8	44 5
(Address)	50	6 2	1	do	// /	2 M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
A BURRAN V &				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1.	

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		(131)	
County / Baltimor	e	Registration Dist. No	0. 44
Village or City Essel	md.	No.	St., Ward
***************************************		death occurred in a hospital or institution, give its NAME instead	of street and number)
Length of residence in city or town where	death occurredyrs/mos	ds. How long In U.S. if of foreign birth?yr	sds.
2. FULL NAME Many	J. Guber		
(a) Residence: No. Preace	ave. Esset	Porkst., Ward.	
	(Usual place of abode)	If nonresident give eity	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF I	DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (wpie the word)	21, DATE OF DEATH	15-
M. W.	married	(Month) (O	(Year)
5a. If married, widowed, or divorced	0. 101		
HUSBANO of Corna /	Tumbold	22. HEREBY CERTIFY Tha	t I attended deceased from
		fer: 9 , 1955 , to the	19.4
6. DATE OF BIRTH (month, day, and year)	cb. 2/st 1862	I last saw h Lad alive on felt.	, 1934; death is sald
7. AGE Years Months	Oays If LESS then	to have occurred on the date steted above, etdm.	
73 72 73 11	24 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Imp	,
& Trede, profession, or particular	0. 0 1. 1	101 -20	Oate of onest
SAWYER, BOOKKEEPER, etc.	Steel Worker	Cleranie Myssoch	w 192
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	al uno	Chronic Neohrilis	1930
SAW MILL, BANK, etc.	eth. Steel Co.		1-4
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this		
year)	occupation	Other Cartillator Course of improduces	
12. BIRTHPLACE (city or town)		Other Coutributory Causes of importance:	
	many	Line aho A Kennana	7/9/30
13. NAME Boniface	Gales:	1	7.4.94
I /	9	4	
14. BIRTHPLACE (city of town)		Neme of operation.	Dete of
×1 ·	many	Whet test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME	month	23. If death was due to external causes (VIOL ENCE) fill in also	the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Oate of i	njury, 19
(State or country)	many	Where did injury occur?	10
17. INFORMANT Miss. anna	Gerber	(Specify city or town, co Specify whether injury occurred in INOUSTRY, in HOME, or I	n PUBLIC PLACE.
(Address) Prace au	& Essex And.	######################################	
18. BURIAL, CREMATION, OR REMOVAL .	0 // 0	Manner of injury	
Place Morelando memorial	RDate 2/18, 19 33	Nature of injury	
Shl-/6 1	an elly	24. Wes disease or injury in eny wey related to occupation of)
19. UNOERTAKER 1977	n	If so, specify	uoodabu:c., T.
4	derail. De	1 2 1/1/1.	4
20. FILEO 2/18 , 1933 / 1/2	w 9. Connelly,	(Signed)	m. o.
(/	Registrar.	(Address)	

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1	. PLACE OF DEA	I H			(131)	
	County Baltimore			1	Registration Dist. No. 42	-
	Village or City Bl	oomfield	1 /	alethor	No. O Washington Blyd. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Length of residence In ci	ty or town where	deeth occurred		ds. How long In U.S. if of foreign birth?yrsmo	
:	. FULL NAME		Sarah E.	Gerber		
	(a) Residence: No. 1	ashingto				
gatters	PERSONAL AN	DSTATIST	(Usual place		If nonresident give city or town and : MEDICAL CERTIFICATE OF DEATH	state
3.		R OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH	
	Female Wh	nite		D (write the word) OWed	February 25 (Month) (Day)	193 5
5a.	If marriad, widowad, or divo HUSBAND of (or) WIFE of	ohn M. G			(Month) (Day) 22. 1 HEREBY CERTIFY Thet lattended of	(Yaar)
-				7.054	Jefy 1930 to dety 1	19 3
	DATE OF BIRTH (month, da)	, and year,	cember 1		I last saw h. E.T. alive on	death is said
7.	AGE Yaars 87	Months 2	Days 10	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
NO	8. Trede, profassion, or pa kind of work dona,	as SPINNER.	None		ha find	Date of onset
OCCUPATION	SAWYER, BOOKKEE	which			Mujo casalias algeneration	2
CUP	work was done, as S SAW MILL, BANK,	SILK MILL, etc			001 61411	/
Ö	10. Oate daceased last wor this occupation (more year)	nth and	spe	ime (yaars) nt in this upation	Theme Interstital Kept	/
	DIDTINI LOT (site or town)	Baltimo	re Count		Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town) (State or country)		ryland		Mine	loda
E S	13. NAME	George E	. Myers		1	1
FATHER	14. BIRTHPLACE (city or to	wn) Balt	imore Con	inty	Name of operation Oata of	
_	(Stete or country)		Maryland		What tast confirmed diegnosis full Was there en ac	itopsy?
HER	15. MAIDEN NAME		Stubbins		23. If death was due to external causes (VIOLENCE) fill In also tha following:	
15. MAIDEN NAME Mary Stubbins 16. BIRTHPLACE (city or town) Baltimore County (State or country) Many land				inty	Accidant, suicide, or homicide? Oate of Injury	, 19
-	(State or country)		Maryland		Where did injury occur?(Specify city or town, county and State)
		7 Norton	erber ia Road		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
.18.	BURIAL, CREMATION, OF R	ark Con.) oak Feb.	28, 19 35	Mennar of Injury	
	100	All	1/20	te	Nature of Injury	
19	UNOERTAKER X 1003	W. Balt	imore St		24. Was disease or injury in any way related to occupation of deceased?	
	111	312	1 m	1.011.	(Signed)	м. г
20.	FILEO LESTONS, 1	19. 7. 1. 9		Regilerar.	(Address) 2470 Washington Blvd.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	11 985L V 8VM	
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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TION

V. S. No. 1

ż

1. PLACE OF DEATH,	(8x-a)
County Ballo	Registration Dist. No. 38
Village or City 500 Dumpuh Rd	No. St. Ward
(1	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?ds.
2. FULL NAME Jamuel Sore	
(a) Residence: No. 500 Dunkerh Rd I puso (Usual piace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 1. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowedger divorced HUSBAND of (or) WIFE of Jan Blake	22. I HEREBY CERTIFY. That i attended deceased from
6. DATE OF BIRTH (month, day, and year) Fib 7 1855	I last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
80 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
	Under Harrison
9 Industry or business in which work was done, as SiLK MILL, SAW MILL, BANK, etc	# 15.1
10. Date deceased last worked at this occupation (month and year) spent in this occupation	74
Canall Co	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Cause Co (State or country)	Pat 17-00
13. NAME Surveyel Gare	The state of the s
	bare
14. BIRTHPLACE (city or town) Caracacacacacacacacacacacacacacacacacaca	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mahron	
I horas	23. If death was due to external causes (ViOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mis M aris Sish (Address) 500 Duntuck Rd Townon	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Freedom Cem Date Feb 18, 1935	Nature of injury
19. UNDERTAKER & South (Address) Suntuiture md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb 15 , 1935 - Q. Illa Bacon Registrar.	(Signed) for L Valuations (M. D. M. D. M. D.
Acgiriur.	Andrew of the second of the se

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I);	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.

STATE OF MARYLAN	D-CERTIFICATE OF DEATH 01490
1. PLACE OF DEATH / /	
County Salto Co.	Registration Dist. No. 30
Village or City Catoms wille	NoSt., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs.	mosds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME // (1) A	Q_{AA} .
211 80	
(a) Residence: No. 210 AM all Charles of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOW OR DELYORCED (write the w	
5a. If married, widowed, or divorced	
HUSBAND OF Setting for San	22. I HEREBY CERTIFY, That I ettended deceased from
mundion Man	1. Jace 6 ,1975, to TEG 23 ,1935
6. DATE OF BIRTH (month, day, and year) from 8 187	5 last sew h_ RS allve on The 2 3 , 19 25; death is said
7. AGE Years Months Pays If LESS	than to have occurred on the date stated above, at
15 1 day,	the LKINCH AL CAOSE OF DEATH and lengted causes of importance
8. Trade, profession, or particular	in. Were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arterio Pelerono 1926
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	Myoear DY15; Chronier Car 1934
10. Date deceased last worked at 11. Total time (years)	Coronary Kromboss 2-22-35
this occupation (month and spant in this occupation year)	
Cte nicle n	Other Contributory Causes of importance:
12. BIRTHPLACE (cily or town) (L. D. D. D. C. (State or country)	1000
VI (1) 11 5-1 ++ (1)	METhrees Chronice Divistion:
13. NAME Grank. Malhere	not stated a
14. BIRTHPLACE (city or town) Catonsvelle	Name of operation Date of
(State or country) make	What test confirmed diagnosis? Com Francis Was there an au'opsy? My
15. MAIDEN NAME Josephine Choo	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Catonsvelle	Accident, suicide, or homicide? Date of injury, 19
(State or country) mg.	Where did injury occur?
17. INFORMANT Letten ton Gran	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manage of Julium
	93.5 Manner of Injury
	nature of injury
19, UNDERTAKER Is an evo a. Hemsle	24. Was disease or injury in any way related to occupation of deceased?
(Address) 5-78 WB 1 dle 84	If so, specify

Registrar. (Address) colled, address Brate Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

If so, specify

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
INVECAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
· · · · · · · · · · · · · · · · · · ·			

Q	item of infor-	should state	of OCCUPA-	F
•	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
MARGIN RESERVED FOR BINDING	PERMANENT	I EXACTLY	rly classified.	cate.
FOR	V SI S	stated	proper	certific
RESERVED	G INK-THIS	GE should be	that it may be	ns on back of
MARGIN	'H UNFADIN	y supplied. A	ain terms, so t	See instructio
•	AMILY, WIT	ld be carefull	DEATH in pl	y important.
V. S. No.	BWRITE PI	mation shou	CAUSE OF	TION is very important. See instructions on back of certificate.
V. 8	ż	1	-	1

STATE	OF MARYLAND-	CERTIFICATE OF DEATH 21491
1. PLACE OF DEATH		190
County / Dallin	rose	Registration Dist. No.
Village or City Jours	m (III	NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town who		s ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Maker	wet Jane Gur	unn
(a) Residence: No. 4010	Colderson Auc	St., Ward.
Z	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	shua guynn	22. HEREBY CERTIFY. Thet I attended deceased from
	0.4 16 19110	January 219 33, 10. Orany 19 33
6. DATE OF BIRTH (month, day, and year)	Oct. 16, 1848	I tast saw h alive on 3/, 19.85 ; death is sald
7. AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, at
46	ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	nane	OF TO HOS
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	I VII V CO	The section of Turners
work wes done, as SILK MILL, SAW MILL, BANK, etc		/2 ac.
10. Dete deceased last worked at this occupation (month and	11. Total time (years) spent in this	1 (/ 30,
year)	occupation	Olice Control of the state of t
12. BIRTHPLACE (city or town)	3-4-1	Other Coutributory Causes of importance:
(State or country)	, mo.	
13. NAME MESU	m	
14. BIRTHPLACE (city or town)	-20 /	Name of operation Date of
(State or country)	ma.	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or equality)	own,	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	mada	Accident, suicide, or homicide? Date of injury, 19
State or country)		Where did Injury occur?
17. INFORMANT Maggil	Javage	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REPOVAL	1 2/-1	Manner of Injury
Place dong green M	de Date 2/5/1935	Nature of injury
19. UNDERTAKER Transper (Address) 57811. 73	a Hemsley	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED \$ 1938	Jru P. Gelle Registrar.	(Signed) (Address) 2329 - Kewfut an
If m	ore blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewift in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

_	T	LY.		
HARGIN RESERVED FOR BINDING	TE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT I	should be carefully supplied. AGE should be stated EXACTLY.	ROLDEATH in plain terms, so that it may be properly classified. I	
2	MA	V	ass	
BIL	ER	EX	y cl	te.
2	A P	ed	perl	fica
2	IS	stat	prol	erti
j	IIS	be	he	is very important. See instructions on back of certificate.
1 /	II-	plu	lay	ack
FIRE	VK-	shor	it m	n ba
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4	NG	AG	th c	ion
=	IDI	d.	Se.	nct.
2	NF	plie	rms	nstı
AT.	D	sup	n te	ee i
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CAUSEOFDE

(Address)

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WRITE-PLA

V. S. No. 1

should state

PHYSICIANS Exact statement

of OCCUPA-

RECORD. Every item of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH 01492
1. PLACE OF DEATH	948
County Baltimore	Registration Dist. No. 38
Village or CityTowson	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
Length of residence in city or town where death occurred 50 yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) .mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Padian Hanley.	, , , , , , , , , , , , , , , , , , , ,
(a) Residence: No. 604 Central Ave. Town (Usual place of abode)	BON St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEI OR DIVORCED (write the word Widowed.	D. 21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HU3BAND of (or) WIFE of Richard Hanley	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS the	I last saw hele aliva on Jel 3 , 193 ; death is said
1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
70 7 1 1 ormin.	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. At Home	Commany Ceclusion 1 wt.
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SIŁK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Lock Rayen (State or country) Baltimore, Co. Md.	Other Contribatory Causes of Importance: Orthord Colleges 4 Hybrittenseau Wills
	T regression ums.
13. NAME John Padian 14. BIRTHPLACE (city or town) (State or country) Ireland	Name of operation
	What test confirmed diagnosis? Was there an autopsy? 23, If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Catherine Kelly 16. BIRTHPLACE (city or town) (Stata or country) Treland.	Accident, suicide, or homicide?
17. INFORMANT Mr. Lawrence J. Hanley (Address) 604 Central Ave. Towson.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
L8 BURIAL, CREMATION, OR REMOVAL	Manua of later.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Menner of injury

If so, specify

(Signed)

(Address)

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 weck ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

HYSI-Exact STATE OF MARYI CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in class Ward) a hospital or institution, give its NAME instead of street and number.) ²FULL NAME properl PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH BINDING WIDOWED, OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY. That & attended the deceased 6 DATE OF BIRTH ee Instructions that (Year) (Month) (Day) C IIf LESS than 7 AGE and that death occurred on the data stated above, at .. I day hrs. upplied. RESERVED B OCCUPATION sur in to Ser (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in 2 importa which employed or (employer) ATH Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 20 FATHER 14. ō 11 BIRTHPLACE *State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether OF FATHER Z NO (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State.....yrs.....mes.... of deathyrs.....mos.....ds. (State or Country) Where was disease contracted, if not at place of death?..... 14 THE ABOVE IS TRUE TO shou Every item CIANS sho Former or usual residence (Informant) 19 PLACE OF BURIAL OR REMOVAL ADDRESS 20-UNDERTAKER No. Filed If more bianks are neaded, addrass Stata Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Loborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples 4 (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemoid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('orchrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Vinanition," "Marasmus," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all stated unless important. Example: Mcoslcs (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases tions, such as "Asthenia," "Annemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Aecidental drowning; Struck by railway train-(secondary Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonoeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial resulting from childbirth or miscarriage as cough; or intercurrent) affection need not be nephritis, Chronic volvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

STATE OF MARTLAND	CERTIFICATE OF DEATH 01494
1. PLACE OF DEATH	(31)
County 10 alternate	Registration Dist. No. 30
	of death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	sds. How long in U. S. If of foreign birth?yrsds
2. FULL NAME Jennee Halbelletta	L/ HASENBALG
(a) Residence: No. 5707 Ethe Best G. (Usual place of abode)	Ward. Bulto Mid If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH FR. 5 193 5
5a, If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Lunknown	22. I HEREBY CERTIFY. That I attended deceased from 1932 to 226 5 1935
6. DATE OF BIRTH (month, day, and year) Sul- 64/86/	I last saw hor aliva on Falor 5 4 1935 death Is sal
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 82°P. m.
73 6 30 1 day,hrs.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ch. Muscardition /m-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as STIK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and	4. Prephritis 17
11. Total time (years) spent in this occupation (month and year) - 1. 4.3.2 occupation 30.4.5	
12. BIRTHPLACE (city or town) Daltenor	Other Contributory Causes of importance:
(Stata or country) Ind	Name 1sychosis 1/102/
13. NAME Carl Leworhow	
13. NAME Carl Zeuchoes 14. BIRTHPLACE (city or town)	Nama of operation Date of
(State or country) Geoman	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Charles Trent wein 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
(State or country) Garnau	Where did injury occur?
17. INFORMANT Eleande Mc Gradery (Address) 6707 Ettellort a. 2	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Jalum
Place London Part, Date 19 , 1925	Manner of Injury Nature of injury '
19. UNDERTAKER AM LOUPED A AL	24. Was disaase or injury In any way related to occupation of deceased?
(Address) / 2 h St buy S	If so, specify (Signed) Port Care of M. I.
ko. FILED 6 , 193 Registrar.	(Signed) (Address) Catenary Ca M.
Registrar.	(nouress) . Leaves .

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evamula II

- 1	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		SE E III
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

					TS BY PHYSICIAN	
Surname	of de	ceased	changed	in	accordance with	
letter f	iled	2/21/35	under	Dr.	Garrett L.	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01495
1. PLACE OF DEATH	(59)
County Ballimine	Registration Dist. No. 4 V
Village or City Inword Ph	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Your Hande	ugle
(a) Residence: No. 2 Slevmal (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21 DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (OF) WHFE OF	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Jan 9 1859	l lest saw h alive on Annual 19 ; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
76 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importanco were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Diabila Coma
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME John Hanlinger	Deabely Welliter
13. NAME 14. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external ceuses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 2. Memore due	Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Och Farm Date 2/66, 19.35	Manner of injury
19. UNDERTAKER E. D. Parizoney & Sim. (Address) 1938 E. Lafa Gette au 20. FILED 2/16, 1935 Dul Fritz	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.
Jan Danistran	(Addrage) bear 13clary 8 Kd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH	1496
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1. PLACE OF DEATH		90	
County Sellinere		Registration Dist. No.	
Village or City Halette for	۷ -	No. arhiting are. st	Ward
	(16	death occurred in a hospital or institution, give its NAME instead of street and numb	oer)
Length of residence in city of town where do	\ - 1	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Jungame	in d. Hawkins		
(a) Residence: No. Hale	horfre-ho	St.,Ward.	
DEDCOMAL AND COLOR	(Usual place of abode)	If nonresident give city or town and State	8
PERSONAL AND STATISTIC 3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH	
7.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
mace white	Sharres	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIEV That I attended dece	
(or) WIFE of Jennie &.	Hawkens.	22. 1 HEREBY CERTIFY, That I attended dece	ased from
6. DATE OF BIRTH (month, day, and year)	ne 20-1665	I last saw h was alive on Jelmes 78th 1925 de	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at Q 10 C? m.	atii 12 2810
69 8:	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	i or and in	wera as follows:	te of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	elmit heaven	Placed arter : saleria	
9-Industry or business in which work was done, as SILK MILL,	3 & RR.		4-1-5-
SAW MILL, BANK, etc.	and way.		
- China occupation (month and - Cl 2	11. Total time (years) spant in this 39		
Bentonville,	occupation	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) Warren Co		Cerebral degeneration - E	
(State or country)	•	Sante dementia.	
13. NAME Macheur W	durlino -	Carrie Contiens.	
4 14. BIRTHPLACE (city or town) Mache	Co Hung	Name of operation Date of	
(State of country)	Va Sarah C	What test confirmed diagnosis? Was there an autops	sv?
15. MAIDEN NAME Sovel C.	Fristoe Tristoe	23. If death was dua to external causes (VIOLENCE) fill in also the following:	,
15. MAIDEN NAME South C., 16. BIRTHPLACE (city or town) &	C. Bentonville	Accident, suicide, or homicide? Data of injury	19
(State or country)		Where did injury occur?	
17. INFORMANT Bain H	derkens -	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	_
(Address) Haco	to the - her		
18. BURIAL, CREMATION, OR REMOVAL	2 1 2 2 4 25	Manner of injury	
Place Loudon Park Cem.	De Warch 4 , 1935	Natura of injury	
19. UNDERTAKER 1003 N. Balti	or o	24. Was disease or injury in any way related to occupation of deceased? NO	<u>h</u>
20. FILED / 1935 Se	Rieffer Registrar.	(Signed) JE devie V. Leitler (Address) Telay - Ma,	M. D.
If more bl	anks are needed, address State Registrar, :	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. Seif of foreign birth? _____ yrs. ____ mos. ___

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

(Year) Intended deceased from

. 193

; death is sald

CAUSE OF DEATH and ralated causes of importance

Date of onset

Date of ----- Was there an autopsy?_____

23. If death was due to axtarnal causas (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?______ Data of injury_______19_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or Injury In eny way related to occupation of deceased?

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example 11	0.4170.4
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
• — — — — — — — — — — — — — — — — — — —			
Other contributory causes of importance:	16-97 T	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01498
1. PLACE OF DEATH	(98-0)
County Balto	Registration Dist. No.
Village or City Freeland, QD	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
no + 11 1/1.	o in
2. FULL NAME Mattha Heart	9 St Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1-SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH FL. 74 (Yaar)
5a. If merried, widowed, or diversed HUSBAND of (or) WIFE of Clearles a Hedrick	22. I HEREBY CERTIEY, That I attended decoased from
6. DATE OF BIRTH (month, day, and year) Fel. 2, 1869	l last saw h 2 alive on 1 2 2 19 5 Geath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at. 10.00m.
66 — 22 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Date of anset
9. Industry or business in which work was dona, as SILK MILL,	luston 11- 11-5
SAW MILL, BANK, etc	My or realles; Chronic
this occupation (month and year) this occupation (month and year) this occupation (month and year)	o. Just two years. curt
4 66.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	Moreca - manore ?!
13. NAME Corow Thinard,	7. 25
13. NAME Corow Surerd 14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	What tast confirmed diagnosls? Was there an autopsy?
15. MAIDEN NAME GOULS Gerbrees.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homlolde?
(Stata or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT I win to the waysee (Address) Freelows und	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18 BURIAL, CREMATION DR REMOVAL	Manner of injury
Macoland auch Date Jel- VB 1931	Nature of injury
19. UNDERTAKER Paul N. Harleysleys. (Addiess) New Freedow 80	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Feb 25, 1935 Samuel States	(Signed) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Address)

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(Yeer)

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
111			

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
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12. BIRTHPLACE (city or town) ... (State or country)

(State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(Addrass)

Placa Woodlawn Cem

19 UNDERTAKER Joseph Bocook

13. NAME

FATHER

MOTHER

Wilmington N c

Wilmington N.C.

Harry Hill

Virginia C .Hill

22 Reservoir Road

1003 W.Baltimore St

14. BIRTHPLACE (city or town) London Eng

15. MAIDEN NAME Laura D. Bowden

Othar Coutribatory Causes of Importance: Arterial Hypertension Neme of operation no ne Date of What test confirmed diagnosis? clinical Wes there an autopsy? ... no 23. If death was due to external causas (VIDL ENCE) fill in elso the following: Accident, suicide, or homicida?______ Oate of injury______ 19_____ Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Manner of injury Date March Ist 1934 Neture of injury ... 24. Was disease or injury in any way ralated to occupation of deceased?______NO If so, specify

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	ţ		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			بسيبيا

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

ARGIN

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	01502
County Baltimore	Registration Dist. No.
Village or City Jourson	No. Mercy Yilla Sanstonson Ward
	death occurred in a hospitell or institution, give its NAME instead of street and number) 2. 2. 4. How long in U.S. if of foreign birth?
2 FILL NAME Mag IR Has have	,, journal of the state of
(a) Residence: No. 3 0 U.S. P. St. M. W.	ash, D. Card.
(Usual place of abode)	If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Jeb. (Month) (Month) 2 3 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE OF	Die 1934 to Feb. 23 1935
6. DATE OF BIRTH (month, day, and year) when, 1870	I last saw h & alive on 7 4 2 2 19.35; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steled above, at. &. 45 Am.
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Description
SAWYER, BOOKKEEPER, etc.	Carcenoman D. stomack
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end	+ liver
10. Date deceased last worked et this occupation (month end year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Washing to DC	Other Coutributory Causes of importance:
(State er country)	Solving Tray o Caracias
13. NAME Olmis Horizan	
14. BIRTHPLACE (city or town) RELAND	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? X-xay Was there en autopsy? Two
15. MAIDEN NAME Cunning han	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME C Curry have 16. BIRTHPLACE (city or town) / RELAND	Accident, suicide, or homicide? Data of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT F. C. Hangur (Address) 2204 N CHAIPLES ST	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL WASA.	Manner of injury
Place M. Olive 9 C. Data 2 / 4 3 1933	Nature of injury.
19. UNDERTAKER Chas T. Ovans Y Sen.	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED Tel- 23, 1935 E. J. Bryan Registrar.	(Signed) A LOUST: PaulST
V	

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V. S. No.

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Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	11 ug 1,1020	AND CONTO MAD	1 gear

Registration Dist. No. -If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH HEREBY CERTIFY. That I attended dacaased from Date of onset ----- Was there an au'opsy?____ Accident, suicide, or homicide?______ Date of Injury______ 19_ (Specify city or town, county and State) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arterioselerosis 1915 1 week ago 1921 Run over by street car 1 week ago Chronic interstitial nephritis Cerebral hemorrhage July 5, 1927 **Peritonitis** 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis 1 year Gallstones

ADDITIONAL.	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	SPAUL FUR	PURLIFIE	STUTEMENTED	T) T	LILIBIOIM

	STATE OF MARTLAND	CERTIFICATE OF DEATH 01505
	1. PLACE OF DEATH	10
1	County Queller County	Registration Dist. No P.P.
	Village or City - Louism	No. New Yaeley St., Ward
	Length of residence in city or town where death occurred La Eyrs. 83 kmos	death occurred in a hospital or institution, live its NAME intead of street and number) ds. How long in U.S. if of loreign birth?mosds.
	2. FULL NAME JOHN H umphrey	
	(a) Residence No. Willawy Rd. Towsow M.	USt., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
	OR DIVORCED (write the ward)	Feels, 1955 27 19835
	5a. If married, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of Cor) WIFE of Little, H umhhrset	22. HEREBY CERTIFY That ettended deceased from
	6. DATE OF BIRTH (month, day, and year) 4-12-1851	1 1 1 1 1 1 1 1 1 1
V	7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 3 9 m.
	3 9 12 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8 Trade profession or particular // /	Wera 35 To nows:
	kind of work done, as SPINNER, Laborer	Lottes / comound 14-18
	kind of work done, as SPINNER, Abores Kind of work done, as SPINNER, Abores SAWYER, BOOKKEEPER, etc. SAMYER, BOOKKEEPER, etc. SAMYER, BOOKKEEPER, etc. 10. Oata deceased last worked at this occupation (month and this pocupation (mont	1936
	SAW MILL, BANK, etc	
	10. Oata deceased last worked at this occupation (month and year) spant in this occupation occupation	
	the alterda labore	Other Contributory Causes of importance:
	12. BIRTHPLACE (city or town) TY WANGE OF STATE	
	The state of the s	
	E TOUR WAR AND TO THE TOUR OF	
	4 14. BIRT(#PLACE (city or town) (State or country)	Name of operation Dete of
		What test confirmed diagnosis? Was there an autopsy?
	T - 111 - 11	23. If death was dua to external causes (VIOLENCE) fill in elso the Iollowing:
I	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	Vittic It und lose	Whare did injury occur? (Specify city or town, county and State)
	17. INFORMANT AND	Specify whather injury occurred in INOUSTRY, In HOME, er in PUBLIC PLACE.
No.	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Placette asauth Estermonte 2 - 27, 1935	Nature of Injury
	Busheth will Words	
	19. UNOERTAKER DAYON I MANGE AS IN AGENT	24. Was diseaso or injury in any way related to occupation of deceased? If so, specify
	21-26 35 622	(Signed) M. D.
1	20. FILED OUT 34, 19. 33 Co. 2. 131 Registrar.	(Address) 2329 - Level 1
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 01
1. PLACE OF DEATH	(R).(E)
County / Oastimore	Registration Dist. No. 30
Village or City Catonsville	No Paradise aul "
Cile.	If death occurred in a hospital or institution, give its NAME instead of street and number
Length of residence in city or town where death occurred - yrsmo	osds. How long In U.S. If of foreign birth?yrsmos
2. FULL NAME faseph 12. fartol	
(a) Residence: No. / Garadise / auc	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
a cry	MEDICAL CERTIFICATE OF DEATH
Male White ORDIFORCED (write the word)	21. DATE OF DEATH SUBMINIST (Month) (Day) (Y
5a. If married, widowed, or divorced HUSBAND of (or)	22
(or) Trances grenger far for	1 HEREBY CERTIFY, That I attanded decease
6. DATE OF BIRTH (month, day, and year) How 14/18/13	Hast saw hem aliva on Debruary 13 19. 35 death
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 300 m.
6/ 3 — 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	arthur scluses Teres Date
Trade, profession, or particular kind of work dona, as SPINNER, ask Manager SAWYER, BDDKKEEPER, etc.	Thronbo-tinguites obliteraus no
9. Industry or business in which work was done, as SILK MILL, Mouring & Storage SAW MILL, BANK, etc	Rtla. Ich
SAW MILL, BANK, etc	Cerebral Embalus of
this occupation (month and for 1934 spent in this 36748	
2. BIRTHPLACE (city or town) Dalting	Other Contributory Causes of importance:
13. NAME See Jarte 14. BIRTHPLACE (city or town)	
(State or country)	Name of operation 2002 Date of
M	What test confirmed diagnosis Mypi aul Was thara an autopsy
	23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 18 alternane (Stata or country)	Accident, suicide, or homicida? Date of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT (Address) 400 / I redeared (and	Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manage of the
Place/ lew Cathedral Bates Tet 18, 1931	Manner of injury
Potton Rom Mart	The state of mijery
9. UNDERTAKER (Address) // E Con Profile Stainless Stainless	24. Was disease or injury in any way related to occupation of deceased?
Mis a market	If so, specify
20. FILED 192 1 192 1 17 1 192 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) (a little Co.) (Signed)

(Year)

That I attanded deceased from

Was thara an autopsy?

of injury_____, 19____

(Address) 3432 grucos If more blank are needed, address Jate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative health various pursuits can be known. Make some entry in this section for every person aged 10 years or over. ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed returned as at school or at home. For a woman whose only occupation was that of home housework, write in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. Fo who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," e the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causi, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important com of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. E

UNFADING INK-THIS IS fully supplied. AGE should in plain terms, so that it ma MARGIN RESE Example I Example II The principal cause of death and related causes The principal cause of death and related causes De Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu Chronic interstitial nephritis 1921 Run over by street car Cerebral hemorrhage July 5,1927 Peritonitis 3 days AINLY, pluods Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CORD Every item of PHYSICIANS should ed. Exact statement of properly classified.

A PERMANENT be stated EXACT BINDING

OF DE

HEALTH DEPARTMENT CITY OF BALTIMORE 01507

raltimore County CERTIFICAT	E OF DEATH
1. PLACE OF DEATH Papeling	Registered No.
CITY OF BALTIMORE: (No. 600 Old Frie	(If death occurred in
CITY OF BALTIMORE: (No. DOY	Ward) a hospital or institution, give its NAME instead
Length of residence in city or town where death occurredyrs	of street and number.) mosds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Cursing for	iked.
-18,000-111	R
Residence: No. 5 0 (Usual place of abode)	(If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowgd,	21. DATE OF DEATH (month, day, year) 2/26 . 1935
Checolo Which or Divorded (write the world)	22. I HEREBY CERTIFY, That I extended deceased from
5a. If married, widowed, or divorced	Ollig 10 - 133, to 700 - 26 - 131
(or) WIFE of Many (. / washing	I last saw him alive on 756 2/- 1935 Denth is said
1-14-159	to have occurred on the date stated above, at
6. DATE OF BIRTH (month, day, year) 6 7. AGE Years Months Days If LESS than	The principal cause of death and related causes of
3916 8 12 1 day,hrs.	importance were as follows:
8. Trade, profession, or particular	The flat
kind of work done, as spinner, clerk	nummer interested 1928
9. Industry or business in which	//
work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)	Other contributory causes of importance:
year) occupation	De go of off of
12. BIRTHPLACE (city or town)	Missiana Morriency 736-35
13. NAME and wit Runkel	Tournaux Edura
R A OF	Name of operation Date of Date of
BIRTHPLACE (Aty or town) (State or country)	What test confirmed diagnosis? Mass there an autopsy? . M.
E 15. MAIDEN NAME	23. If death was due to external causes (violence) fill in also the following:
- 346	Accident, suicide, or homicide?Date of injury
State or country)	Where did injury occur?
Toron R K - Lox	Specify whether injury occurred in industry, in home, or in public
(Address) 600 CM Thomas Rel	place
187 BURIAL CREMATION, ON REMOVAL	Manner of injury
moreland Bark Con Date 7/19 131	Nature of injury
1 000	24. Was disease or injury in any way related to occupation of deccased?
19. UNDERTAKER (Address) So S Handard Red	If so, specify the the state of
21 2-190 FINO	(Signed) M. D.
20. FILED 9 1900 Registrar.	(Address) / 5 6 4 Millon and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulner various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dece had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, do nate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has occupation whatever write none.

To be complete, an occupation return must state:

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particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, med ical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machi etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be et a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing de As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injury Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of
Arteriosclcrosis	1915	Attack of cpilepsy	1 weel
Chronic interstitial nephritis	1921	Run over by street car	1 week
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days
Other contributor, causes, importance	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 ye
4.			

N. B.—WRITE PLANALY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED

V. S. No. 1

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	01508
1. PLACE OF DEATH	9	(93-c)	
County pallen	wil 100.	Registration Dist No.	42
Village or City Cerbu	tus	No. 10 my heeda ac	VSL Ward
Length of residence in city or town where d	eath occurred vrs mos	death occurred in a hospital or institution, give its NAME instead of the day	f street and number)
1 11	1/2	yrs.	ds.
2. FULL NAME	cay J.		
(a) Residence: No. / O V V	(Usual place of abode)	Ward. If nonresident give city of	or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF D	
3. SEX	5. SINGLE, MARRIED, WIDOWED. OR DAYORCED (write the word)	21. DATE OF DEATH	7
Temale while	Harriel	(Month) (Da)) (Year)
Ba. If married, widowed, or divorced HUSBAND of		177	
(or) WIFE of July 7.	/ wee	22. I HEREBY CERTIFY, Thet	
6. DATE OF BIRTH (month, day, end year tex	-12.73-1891	(/ 1.17.	
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at 4 Qm.	
43 08	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of impowere as follows:	
8. Trede, profession, or particular kind of work done, es SPINNER	1	- A- 4	Date of enset
SAWYER, BOOKKEEPER, etc.	rusecorge	Chrone Mayorano	Wes
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc			
U IO. Date deceased lest worked et	11. Total time (years)		
this occupation (month end year)	spent in this		
12. BIRTHPLACE (city or fown)	Tred	Other Contributary Causes of importance:	
(State or country)	· Ma'		
13. NAME OU DO	rsey		
13. NAME 14. BIRTHPLACE (city or town)	Attoril	Neme of operation	. Date of
(State of country)	M. Iva.	What test confirmed diagnosis? We	s there an eutopsy?
15. MAIDEN NAME Seasce 16. BIRTHPLACE (city or town)	Corpula	23. if death was due to external causes (VIOL ENCE) fill in also the	he following:
O 16. BIRTHPLACE (city or town)	HAMINE	Accident, suicide, or homicide? Date of inj	ury, 19
1 Deline	Turver.	Where did injury occur? (Specify city or town, cou	nty and State)
17. INFORMANT TO CALL CALL CALL CALL CALL CALL CALL CAL	Jule	Specify whether injury occurred in INDUSTRY, in HOME, or in	PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	as feet.	Manner of Injury	
Place Lachedral	Daty-eb. 77 1965	Nature of injury	
19. UNDERTAKER Margarek	& 7l	24. Was disease or injury in any way related to occupetion of de	coared? hh
(Address)	Ston Pl.	If so, specify	
20, FILED Fally 26, 1935 Ja	my of Son	(Signed) Edward an Innon	10um M.D.
	Registrar.	(Address) 12/6 Trfays	LOCK
If more b	lanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	Mornal

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V Z			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

state

1. PLACE OF DEATH	CERTIFICATE OF DEATH 01303
County Balliniass	Registration Dist. No. 38
Village or City Tank 128 Lower (II	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Suglety Lewis	Aleen
(a) Residence: No. Putty Hulby to Elaust	Last., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write, the word) Walt	21. DATE OF DEATH J. 193 5 (Month) (Day) (Year)
5a. If marriad, widowed, or diversad HUSBAND of Corp. WIFE of Street August 1	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 2. 1 - 1891	
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
43 / 3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
S Trade, profession, or particular kind of work done, as SPINNER, Cashier SAWYER, BOOKKEEPER, etc	Solvand Storio acloraria) of the coronary
work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month end years) year)	Cardiac Vilalation
12. BIRTHPLACE (city or town) Ballo County) (State or country)	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) Balto County	of Chair.
[State or country]	Name of operation Oate of Was there an au'opsy? It.
15. MAIOEN NAME Amanda Re Cramblet	23. If death was dua to external causes (VIOL ENCE) fill In also that following:
15. MAIOEN NAME Amanda Le Cramblet 16. BIRTHPLACE (city or town) Balto County (State or county)	Accident, suicida, or homicide? Date of injury, 19
17. INFORMANT Charles & Dissesacto	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CANNEY Place At Jackson Lenney Date 25, 19 35	Manner of injury Nature of Injury O 6 3 6 4 Bel an Ka
19. UNOERTAKER CASALINE (Address) Full Enforce Max	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Fel- 24, 19 35 & J. Bryan	(Signed) Lamend of Passaul M. D. (Address) Carous & Salvadu M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Exam	ple I		Example II	
The principal cause of death a of importance were as follows:	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	\$257	1915	Allack of epilepsy	1 week ago
Chronic interstitial nephritis	1 400/ 7	1921	Run over by street car	1 week ago
Cerebral hemorrhage	100	JAN/1927	Peritonitis	3 days ago
	13	DAY		
Other contributory causes of i		7	Other contributory causes of importance:	
Gallstones May 1,1923		Gastroenteritis	1 year	

(/)	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
My no	Machen 6304 Belair Harvas
(1011.0	1 - 1/1
alled	and sonounced this Wall
10	
Mai	1 n

V. S. No. 1

A Comment	STATE	OF MAR	YLAND-	-CERTIFICATE	OF DEA	TH 0	1510
1. PLACE O	F DEATH			(119)			
County	Osullin	me	· · · · · · · · · · · · · · · · · · ·		Registration	Dist. No. 32	
Village or	City Mr M	mburge	A RIFE	No.		St	Ward
Length of res	sidence in city or town where	deeth occurred	yrsmos	f death occurred in a hospital or instit	ution, give its NAM	E instead of street and	number)
2. FULL NA	Co.	0.41 6	March	Unedella.	or foreign Bitting	yısi	1105
	1.1	1 sarlings	SUB	1			
(a) Reside	nce: No.	(Usual place	of abode)	DSt., UWard.	If nonresident	give city or town an	d State
PERSON	NAL AND STATIST	TICAL PARTI	CULARS	MEDICAL C	ERTIFICATE		a Didio
3. SEX	4. COLOR OR RACE		RIED, WIDOWED.	21. DATE OF DEATH	Feb	8	193 35
5a. If marriad, widow	wed, or divorcad	Sug	4		(Month)	(Dey)	(Year)
HUSBAND of (or) WIFE of	San	11		22. I HEREB	YCERTIF	Y, That I attended	deceased from
		10	- /	alexender 5	, 19.8 / to o	Cel 8	19.35
	(month, day, end year)	December	5 1934	I lest sew h elive on	Lecruan	7 7 19.3	5.; death Is said
7. AGE Ye	ers Months	Deys 3	If LESS than'	to have occurred on the date stat		A-m.	
	- 2	٦	ormin.	The PRINCIPAL CAUSE OF DEA were as follows:	TH and related cause	es of Importance	Data of onset
8. I rade, profe	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc	arlen	me	01 5 7			
✓ 9. Industry or business in which				Jasho ?	nleids		Land
work was dona, as SILK MILL, SAW MILL, BANK, etc							
Data decease	sed last worked at	11. Total ti	me (years)				
year)	upation (month end	occu	petion / Mary	Other Coutributory Causes of imp			
12. BIRTHPLACE (city or town)				Other Courrenatory Causes of Imp	ortance:		
(Stete or cou	intry) //a	nycaro	(
13. NAME	Noah Oh	the Jelm	efeller				
13. NAME		As A	<i>h</i>	Neme of operation	me	Date of_	
(State of	r country)	VVIO	0111	What test confirmed diegnosis?		Was thare en	autopsy?
15. MAIDEN NA	AME Hemella	douse	Siefler	23. If daath wes due to external ca	uses (VIOLENCE) fil	In elso the followin	g:
15. MAIDEN NAME Hemelta Forise Siellin 16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?	l	Date of injury	, 19	
(Stete or country)			Where did Injury occur?	(Specify city or	town, county and Sta	10)	
17. INFORMANT MIS N. P. Klingfelta			Specify whether injury occurred I	n INDUSTRY, In HO	ME, or In PUBLIC PL	ACE.	
(Address)	TION, OF PEMOVAL	malon 1	ra				
18. BURIAL, CREMATION, OF PEMOVAL POWERS D. Feet. 101935			Menner of injury				
	The said	13,1000	0	Neture of Injury			
19, UNDERTAKER (Address)	3631 Fall	Rold		24. Was diseese or Injury in eny w	vey related to occupa	tion of deceased?	
20. FILED Leby 8	1935	1108	Page Registrar.	(Signed) (Address)	Crepus	well in	1 dM. D.
	If more	blanks are needed, as		2411 N. Charles Street, Baltimore, R.	equesting VA. No.	<i>z</i> .	

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1			Example II	
The principal cause o of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

CY. WITH	UNFAD	ING I	NK-T	HIS	MITH UNFADING INK-THIS IS A PERMANENT RECORD.	RECORD.
refully	supplied.	AGE	should	be	be carefully supplied. AGE should be stated EXACTLY. PHYSI	PHYS
I in plain	n terms, s	e that	it may	pe	EATH in plain terms, so that it may be properly classified. Exact sta	Exact sta
tant. S.	important. See instructions on back of certificate.	tions o	n back	of	ertificate.	

mation should -WRITE PL

CAUSE O

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of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

0	19	-	1	1	
0	1	U	1	1	

1. PLACE OF DEATH		(120)
County Balti	more	Registration Dist. No.
Village or City Dundall		No. Stansbury Road St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) nos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	helmina Kresmer	
(a) Residence: No. Sta	nsbury Road (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of William	n Kresment	22. I HEREBY CERTIFY. Thet I attended deceased from formary 201, 1935, to February 37, 1935
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months		I last saw helt alive on Felt 13 4 , 1935; death is said
7. AGE Years Months 47 2	Days If LESS then 1 day,h ormin.	to have occurred on the dete stated above, at
(State or country)	11. Total time (years) spent in this occupation timore Co., Md.	Dither Contributary Causes of Importance: Consumoria Chronchial Acute Conclition
13. NAME Frederick 14. BIRTHPLACE (city or town). Ge		
(State of Country)	rnully	Name of operation Date of What test confirmed diagnosis? Rough Cafe E. Westhere an autopsy? M.O.
15. MAIDEN NAME Wilhel	ina Kreager	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Wilhel 16. BIRTHPLACE (city or town). Germ (State or country)	iany	Accident, suicide, or homicide?
17. INFORMANT William Kre (Address) Stansbury	sment Road, Dundalk.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Sehwartz's C	Sendate Feb. 16.,19.3	Manner of Injury
19. UNDERTAKER George W. (Address) 1737 E. Eas		24. Was disease or Injury in eny wey related to occupation of deceased? 750
20. FILED 7/14/35-19	Measure Registrar.	(Signed) Crum plentint M.D. (Address) Duna darke, Max

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
CO B P			
Other contributory causes importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

20. FILED +

OCCUPA-

of

	CERTIFICATE OF DEATH 01512
1. PLACE OF DEATH	23
County Baltimore	Registration Dist. No. 🗶
Village or City. <u>FUDOWOOD SANATORIUM</u> , TOWSON,	MNo. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Harry Edward Law	2m
(a) Residence: No. 56/7 gavane are	St. Ward Ballinin
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH February (Day) (Year)
HUSBAND of the lab Katherine J. Lawson	1 HEREBY CERTIFY. That I attended deceased from 29, 1935, to February 1, 1935
6. DATE OF BIRTH (month, day, and year) Jonney 21, 1891	I last saw h alive on february / , 1985; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3:20 A_m.
54 — // lday,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:
Note that the control of the control	Pulcuman Tuterarbris Delvhe
10. Data deceased last worked at this occupation (month and 1933 spent in this occupation 40	
12. BIRTHPLACE (city or town) Baltumer (State or country) Many Level.	Other Coatributory Causes of Importance:
13. NAME GLORAS W. FAMEDOM.	
13. NAME Groupe W. Fawary. 14. BIRTHMACE (city or town) - Manyland (Stata or country)	Name of operation Date of Date of What test confirmed diagnosis? X Play Was there an autonsy? A
15. MAIDEN NAME Ellen Malioner	(and an advops). 225c
16. BIRTHPLACE (city or town) Stanton (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
Hospital RecordsPersonal History II. INFORMANT Eudowood Sanatorium. Towson. Md.	Where did injury occur?(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place New Lattedral Date 2/4/ 19071	Nature of injury
19. UNDERTAKER John Coware & Son	24. Was disease or injury In any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Address)

Md.

Towson,

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones		Other contributory causes of importance:	
Gaustones	May 1,1923	Gastroenteritis	1 year
			di eq

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	3 -4 9
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

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35-73	
3:	5-73

-WRITE

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	943
County Baltimore	Registration Disk No. 38
Village or City Towson, Md.	NoSt.,Ward
*//	f death occurred in a hospital or institution, give its NAME instead of street and number) s
0 40.4	
2. FULL NAME Waron Leslie Lewis	2000
(a) Residence: No. Slevenson Lane, Jon (Usual place of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LEBRUARY 28 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of Kathrish Wells Lewis	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) March 9, 1870	I last saw halive on Let 28 ,1930; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11:30 Am.
60 11 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Communication	Car ou ary Occlusian, 4 miles
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
O Date deceased last worked at this occupation (month end year) year) 11. Total time (years) 3 0 year) occupation //	{
12. BIRTHPLACE (city or town)	Dither Contributory Causes of importance: Orlevel - deleració cuelo.
(State or country) urgenia	
13. NAME Garou Zeucis 14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
I TO THE TOTAL OF	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT John D. Lewis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Silvenson Fant Jowen	Manage of injury
Place Toudou Park Cem. Date Mar. 2, 19 36	Manner of injury
19. UNDERTAKER John O. M. stelell - Sons Ive.	24. Was disease or injury In any way related to occupation of deceased?
(Address) 19 00 Entaw Place	If se, specify
20. FILED Marsh 1, 19.35 & D. Bryas Registrar	(Signed) January M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	5	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	E OF	MARYLAND-CERTIFICATE	OF	DEAT
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I I	- 1	5	- 3	b	h
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1. PLACE OF DEATH	(59)
County Battismore.	Registration Dist, Np.
Village or City Akesvelle Mes	No. Chrostma Home St Ward
Longth of societies to sixty a to the sixty and the sixty	death occurred in a hyppital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred yrsmos	How long in U. S. If of foreign birth? The yrs mos ds.
2. FULL NAME / SULLECT 4.	Such
(a) Residence: Nothing Stories (Osual place of abode)	, stoller field ca. Baltimore n
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3-SEX 4. COLOR OR RACE 5. SINGLE/MARRIED, WIDOWED,	21 DATE OF DEATH
male White OR DITOPCED (gerite the word)	Tebruary 3 ed. 1935
5a. If married, widowed or divorced	(Month) (Day) (Year)
HUSBAND of College Link	22. HERSEBY CERTIFY That I attended deceased from
(0-+ 10 10 m)	1930 10 JU- 3. 1935.
6. DATE OF BIRTH (month, day, and year)	last saw have alive on 192; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at
70 TO Ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, leve dove SAWYER, BDOKKEEPER, etc.	193
9. Industry or business in which	Wiasetts 1930.
work was dona, as SILK MILL, CALLUCULUS SAW MILL, BANK, etc. 11. Total time (years)	
1D. Data deceased last worked at this occupation (month and spent in this	
this occupation (month and spent in this occupation	Differ Contributory Causes of Cappylagec:
12. BIRTHPLACE (city or town) Will Orenze	Since Continues of Particular
(State or cognery) Allmany	Jangrene place foot.
13. NAME Illderand fine	
14. BIRTHPLACE (city or town)	Name of operation Deta of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Will Mary	23. If death was dua to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT W SALO, Malleraly (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Swally Course tel. 6 1935	Manner of Injury
A Tolleway . C.	Nature of injury
19. UNDERTAKER C. Sylvageur Tour	24. Was disease or injury in any way related to occupation of deceased?
2/3/ 20 h m B 11 +	(Signed) COO Accorded M.D.
20. FILED Registrar.	(Address) 3002 Farm Den)
, Acgurar.	(11441000)

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	-IC	ite	A.		
	infe	sts	CUP		
)	N. B. WRITE PLAKLY, WITH UNFADING INK-THIS IS A PERMANENT RE RD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
	y ite	20	101		
	Ever	IAN	men		
	ZD. 1	rSIC	State		
		PH	act		
	r RE	Y.	Ex		
	ENJ	TL	ed.		
	MAN	AC	assif		
	ER	EX	y cl	te.	
	AF	ted	perl	iffica	
	SIS	sta	pro	cert	
	I HIS	d be	y be	k of	
	K	houl	ma.	bac	
	Z	E S	lat il	s on	
	ING	AC	so th	etion	
	FAL	lied.	ms,	stru	
	NO	ddns	ter 1	ee in	
	I.H	illy	plair	Š.	
	¥ .	arefu	I in	rtant	
	LY	be ca	ATE	m po	
	L	plu	DE	ry i	
	E	sho	E OI	is ve	
	VET	Cion	AUS	NO	
1	See .	9	2	TION is very important. See instructions on back of certificate.	-
	ż			1	4

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01516
1. PLACE OF DEATH	948)
County Baltimore	Registration Dist. No. 8 37
Village or City Cochegavelle	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Sauce a Same	1.
(a) Residence: No. Cochemical	St Ward.
(Urun place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED write the word Under Color of Divorced write the word	21. DATE OF DEATH 25 193.5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Stephen Synch	22. J. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 26 1856	I last saw h. 27 alwe on Fr 4 25 ,1930; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
77 6 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Thrombosio
9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	(Coronary) Judy
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	/3
12. BIRTHPLACE (city or town) Balto G.	Other Contributory Causes of Importance:
	Willia o Aller opes
111 0 0 0000	
(State or country of a man of the country of the co	Name of operation Date of
· · · · · · · · · · · · · · · · · · ·	What test-confirmed diagnosis? Was there an autopsy?
i guillo de Callon	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, Suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Mus Leon Goldbury (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Shamed Colorellose Feb. 75, 1938	Manner of injury
19. UNDERTAKER W = Buth 3 g (Address)	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILED Feb. 27, 1935 William J. blilcout Registrar.	(Signed) Willy G. One M. D. (Address) Codyn Scille Ind.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilevsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE O	F MARYLAND-	CERTIFICATE OF DEATH 01	517
1. PLACE OF DEATH		59)	
County Dacts-		Registration Dist. No. 3/	
Village or City		NoSt	Ward
Length of residence in city or town where de	eath occurred 3 vrs mos	f death occurred in a horpital or institution, give its NAME instead of street and isds. How long in U.S. if of foreign birth?yrsm	number)
2. FULL NAME Thomas	1 9 711 00.	A A C C	osds.
(a) Residence: No.	ND	0	
(a) Residence, No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
250 76	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 21 (Month) (Dey)	, 193 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	Malloner	22 HEREBY CERTIFY, That i ettended	deceased from
6. DATE OF BIRTH (month, day, and year)	MW 12 1862	1 last saw h alive on 7 h 20 - 1930	; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3, 50 Am.	
72 8	9. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Some	Dullo amedo hama	AL18-3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this occupation		
	ocapation 2.2	Other Contributary Causes of importance:	
12. BIRTHPLACE (city or town)(State or country)	Mes.		
13. NAME Johns, 7 3	Wallower	A cololla	1932
13. NAME Johns 7	,	Name of operation Page of	
(Stete or country)	ud.	Date of	
15. MAIOEN NAME - Bus	Kringham	What test confirmed diagnosis? Was there an a 23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIOEN NAME 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	
∑ (State or country)	Meds.	Where did injury occur?	
17. INFORMANT Sueell Ma (Address) A Kegval	llower.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
18, BURIAL, CREMATION, OR REMOVAL	400000	Manner of Injury	
Porher aure	Date 460 4.7, 1933	Nature of injury	
19. UNDERTAKER Address) Systems.	Heer Mid.	24. Was disease or injuly in the wey related to occupation of deceased?	10
20. FILED Feb 21 , 19.35 WM	n & Martin Registrar.	(Signed) Reserved West-	M. D.
If more blo	anks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	f.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MARI 6 1005	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	CERTIFICATE OF DEATH: 01518
1. PLACE OF DEATH	
County Ballinore	Registration Dist. No. 38
Village or City Union Wille	ND. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME STORY	Sill
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from
1 + 1000	, 19, to, 19,
6. DATE OF BIRTH (month, day, end yeer) about 1879	I last saw h elive on, 19; death is seld
7. AGE Years Months Days If LESS then 1 day,hrs. ormin.	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
28 Trade profession or particular	Date of onset
9. Industry or business in which work wes done, es SIL Minu	
SAW MILL, BANK, etc	Troze to death
this occupation (month end spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Dther Contributory Causes of Importence:
ш 13. NАМЕ	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(Stete or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of Injury, 19
17. INFORMANT	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Delta College Date Febr 15- 1923:	Menner of Injury
19. UNDERTAKER I oling Berry Lover	Nature of injury 24. Was disease or injury in eny way related to occupation of degreesed?
(Address) + Torrers	If so, specific of the soul than the soul than
20. FILED Show 15, 19 35 Es J. Bryan. Registrar.	(Addless) of herfail (I)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago Arteriosclerosis 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis May 1,1923 Gallstones 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	106-00	
County Bellinne	Registration Dist. No.	
Village or City Crekeysulle	NoSt.,	Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number of the long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME Mary Ellen M.	- Min la la	US•
	d'activitàs	
(a) Residence: No. Sual place of abode)	St., Ward. If nonresident give city or town and St	laic
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)	21. DATE OF DEATH Jeb 6 (Month) (Day)	193 3 5
5a) If married, widowed, or divorced HUSBAND of		
(or) WIFE of Showners M Michelan	22. I HEREBY CERTIFY, That I attended de	ceased from
6. DATE OF BIRTH (month, day, end year)	I last saw h_en_alive on Tel 5 19 35	_, 19_ 3 2
7. AGE Yaars Months Days If LESS than	to heve occurred on the date stated above, at 4 Am.	neath is said
alow 93		
9 Trade profession or particular	- Well as follows.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Similarly,	54
9/Industry or business in which work was done, es SILK MILL,	Bronelitin	4 da
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and yaar) 2.5 11. Total time (yaars) spent In this occupation 12.5		1/.
12. BIRTHPLACE (city or town) 9	Other Contributory Causes of Importanca:	
	As Mal	
14. BIRTHPLACE (cit) (r town) / Clare (Stata or country)	Name of operation Date of	
E 15. MAIDEN NAME W ANY Park	What tast confirmed diagnosis?	opsy?
15. MAIDEN NAME Way Phayland 16. BIRTHPLACE (city or town) Pullaged (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide? Date of Injury	10
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? Date or injury	, 19
17. INFORMANT Mrs R. Mc Melulas (Addrass) Crepersulle Ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	E.
18. BURIAL, CREMATION OR REMOVAL Placa Date 7el 2 1935	Mannar of Injury	
19. UNDERTAKER AV & Brooks Siger	24. Was disaase or injury in any way ralated to occupation of daceasad?	
(Addiess) Sharks	If so, specify	
20. FILED Feb 6 7 / 1935 William & lotil Con	(Signed) 03 18 0 3 envo	M. D
Registrar.	(Address) New Med (M	20

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting 2 S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Deliver to the second			

TION is very important. See instructions on back of certificate.

STATE (OF	MARYLAND-	-CERTIFICATE	OF	DEATH	0.1520
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0171		1411 717	LLIND	OEMINIONIE OF DEMINI	J. U. 11
1. PLACE OF DEATH					7
County Baltimo	re			Registration Dist. No.	
Village or City Cub	Hill			No. North Wind Ave. St., death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of residence in city or to	own where death	occurred	7.0	death occurred in a horpital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?myrsm	
2. FULL NAME Anni	e Eliz	abeth	Mohr		V. 10
(a) Residence: No. NOT	th Win	d Ave		St., Ward. If nonresident give city or town and	State
PERSONAL AND ST	TATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex 4. color or Female White			RIED, WIDOWED, O (write the word)	21. DATE OF DEATH February 3rd, (Month) (Dey)	, 193 5 (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of James	B. Moh			22. I HEREBY CERTIFY. That I ettended	
DATE OF BIRTH (month day and)	24-		1875	1 - // 2	; death is said
5. DATE OF BIRTH (month, day, and y 7. AGE Years	Months	Deys	If LESS than	to have occurred on the date stated above, at 11:30 Pm. M.	_ , doarn 13 3ard
59	8	28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	,
_ 8. Trede, profession, or particula	r		1 01	were as runows.	Prior lor
kind of work done, es SPI SAWYER, BOOKKEEPER, e		Home		The myscarditio	1932
9. Industry or business in which work was done, es SILK M	ILL.			The interstitlal	-
SAW MILL, BANK, etc 10. Date deceased last worked at		11 Total ti	me (yeers)	nephritis	
this occupation (month and year)		sper	nt in this		
	Stomm	ers R	in	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	Md.	A4-5-TC	X144		-
13. NAME Stephen	Haut		THE STATE		
14. BIRTHPLACE (city or town)				Name of operation Date of	
	ermany			What test confirmed diagnosis? Usmalysio Was there an	
15. MAIDEN NAME Mary	Baker			23. If deeth wes due to external ceuses (VIOL ENCE) fill in elso the followin	
16. BIRTHPLACE (city or town)				Accident, suicide, or homicide? Date of injury	, 19
(Stete or country) Cec	il Co.	, Md.		Where did injury occur?	
17. INFORMANT James F (Address) Cub Hil	3. Mohr	\$		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE,
18. BURIAL, CREMATION, OR REMOV		-		Manner of injury	
Plece St. Joseph	is Cemo	ete Feb	. 6., ,1935	Neture of injury	
19. UNDERTAKER Frederic (Addiess) 7401 Be	L Lair R	oad	ulm)	24. Was disease or injury in any wey related to occupation of deceased?	no
20. FILED, 19		rully	Registrar.	(Signed) A Macou	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	.3
County	Registration Dist. No.
Village or City Lubanille	No. St., Ward
Length of rasidence in city or town where death occurred yrs.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME 12aley Mosbay	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DWORCED (write tha word)	21. DATE OF DEATH - J. Surwary 13 1935
5a. If married, widowad, or divorced HUSBAND of	(Month) (Day) (Yaar)
(or) WIFE of 17 aly Marley.	22. THEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7 4 13, 1931	I last saw h aliva on 19 death is said
7. AGE Years Conths of Days of If LESS than	to have occurred on the data stated above at the form
O 1 day, ohrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Thy & La , dering
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	0-11-0
SAW MILL, BANK, etc.	
This coespation (month and	
yaar) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town	Other Satributory Causes of Importance:
(State or country) dallinose & Tho	Nevalurely, 7th ho
13. NAME Regnord Mosley, 14. BIRTHPLACE (city or town) Aparthus,	
14. BIRTHPLACE (city or town) about the	Nama of operation Nova Date of
(State or country) Ballinge	We are a second
15. MAIDEN NAME Keorgeone Sarah Dane Chapper	what test confirmed diagnosis? — Was there an au'opsy? — Was there are the was
15. MAIOEN NAME Harrison Sarch Jane Chaffee	
(Stata or country)	Whare did Injury occur?
17. INFORMANT Mather of Roley	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	***************************************
Na ledi Oli III	Manner of Injury
Place Gynus Males Date 144 5, 19 3 5	Nature of injury
19. UNDERTAKER / Qymonl Mosbu	24. Was diseasa or injury in any way related to occupation of deceasad?
(Address) Fraker & Third alberrite his	If so, specify
20. FILEO TILLET 1935 At Drack M.D.	(Signed) Lewell U. Black M. O.
Registrar.	(Address) Lucker will no

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1921 Run over by street car 1 week ago Chronic interstitial nephritis Peritonitis 3 days ago Cerebral hemorrhage Julu5.1927 Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

ADDITIONAL SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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(M)	item of infor-	should state	of OCCUPA.	/
	N. B.—WHITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mathon should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement, of OCCUPA.	
BINDING	PERMANENT	EXACTLY	ly classified.	ite.
FOR	IS A I	stated	proper	certifica
MARGIN RESERVED FOR BINDING	G INK-THIS	GE should be	hat it may be	ns on back of
MARGIN	TH UNFADIN	ly supplied. A	lain terms, so t	See instructio
•	LAMLY, WI	uld be careful	DEATH in p	ry important.
V. S. No. 1	N. B.—WRITE P	mathon shor	CAUSE OF	TION is very important. See instructions on back of certificate.

STATE OF MA	RYLAND-	CERTIFICATE OF DEATH UT	522
0 00.		23)	d
County Ballimore	1	Registration Dist. No.	0
Village or City Latonaul	(1	NO. 2 SLOOMMAN AND ALL LISTAL f death occurred in a hospital or institution, give its NAME instead of street and	ward ward
Langth of residence in city or town where death occurred	27_yrsmos		nosds.
2. FULL NAME Alonota / (a) Residence: No. 2. Blooming (Usuale	Mary VI gdale a	Topley	
PERSONAL AND STATISTICAL PAI		If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH	d State
3. SEX 4. COLOR QR RACE 5. SINGLE,	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH Helb, 16	. 193 5
5a. If married, widowed, or divorced	- Inches	(Month) (Day)	(Yaar)
HUSBAND of (or) WIFE of		1 HEREBY CERTIEY, That I attended	decaased from
		1934, to February	0, 1935
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Month Days	9,1904 if LESS than		; daath is sald
20 7	I day,hrs.	to have occurred on the data stated above, at 6,50 A -m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Trade, prolession, or particular	ormin.	were as follows:	Date of onset
kind of work done, as SPINNER, Hillers	na Noel	Pulsa man hammed	-2/11/2.
9, industry or business in which	The state of the s	Thermoney - wo may	1.6/03
work was done, as SILK MILL, SAW MILL, BANK, etc	•		
10. Date deceased last worked at this occupation (month end 2/20/34)	tal time (years) spent in this occupation		
24-11-1	B 31.	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) - State or country)	10. 1. pd.	O Day on The The	- 10 My
13. NAME 71) illiam mAs Co		at monay factorism	10 //4/
14. BIRTHPLACE (city or town) Mortgan	Tour On	Name of a season	
(State or country)	and	Name of operation Date of What test confirmed diagnosis?	
15. MAIDEN NAME Johanna	Commo 00		
16. BIRTHPLACE (My or town) Co. of Am	resink	23. If daath was dua to external causes (VIOLENCE) fill in also tha following Accident, suicide, or homicide?	
(State or country)	d	Whare did injury occur?	, 19
17. INFORMANT MINE Johannah	Maller	(Specify city or town, county and State Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	te) ACF.
(Addrass) 2. Bloomingdal	e Morest.		
18. BURIAL, CREMATION, OR REMOVAL		Menner of injury	
Place All Lathery affate T	elv. 19, 1935	Nature of injury	
19. UNDERTAKER Easton Sons (Address) Elicate Cil	a md	24. Was disease or injury In any way related to occupation of daceasad?	w

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10	xample 1	i i	Example II		
The principal cause of dea of importance were as follows:	ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	RECEIVE	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
	FEB 22 1938				
Other contributory causes	of importante UV	. S.	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
276	179 Y / 1				

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FATHER

MOTHER

13. NAME

15. MAIDEN NAME

(Address) /C

19. UNDERTAKER
(Address)

14. BIRTHPLACE (city or town)
(State or country)

16. BIRTHPLACE (city or town)

(State or country)

1. PLACE OF DEATH Langth of residence in city or town where daath occurred (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sa. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 10 or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc..... OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation 12. BIRTHPLACE (city or town). (State or country)

STATE OF MARYLAND—CERTIFICATE OF DEATH 01523

11-20)			
	Registratio	n Bist. No. 3	3
No. Reservoord death occurred in a horpital or instit 20 ds. How long in U.S. if	tution, give its NA	ME instead of street and	ward number)
nelen			
had we			
Ward.	If ponreside	ent give city or town as	nd State
MEDICAL C		E OF DEATH	TO Otalic
21. DATE OF DEATH	71		
	Teh.	2 7,	. 193 5
	(Month)	(Day)	(Year)
22. WHEREB	YCERTI	FY. That I attende	d deceased from
teh. 20,	, 19 3 J , to	Feb. 26	, 19 3 5
I last saw h	7eh. 2	6, 193.	; death is said
to have occurred on the date stat	ted above, at	a.m.	
The PRINCIPAL CAUSE OF DEA	TH and raletad ca	uses of Importance	
1. Indlu	em a_		Data of onset
2 B.L.	O be	en me en	2/20/33
			77-53
Other Contillator Contillator		******	
Other Contributory Causes of imp	ortance:		
Name of oparation 7 mm	/		
Whet test confirmed diagnosis?	Chinica	Data of	,
	4464 5465	Wes thera an	
23. If daath wes due to axternal ca			
Accident, suicide, or homicide?		_ Date of injury	, 19
Where did injury occur?	(Specify city	or town, county and St	ate)
Specify whether injury occurred i	n INDUSTRY, In I	HOME, or in PUBLIC P	LACE.
£		**	
Manner of Injury			
Nature of injury			
24. Was disaase or injury in any w	vay related to occu	upation of daceasad?	no.
If so, specify		7-4-6	***
(Signed) Harry	1/7.00	moles	M. D.
(Address)	Com	ys mulls,	md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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V. S. No. 1

		F MAR	YLAND-	CERTIFICATE OF DEATH	1524
1. PLACE OF DE	110	2-000		(4)	7
County		accu	nore	Registration Dist. No.	
Village or City	atonsvil	T.G		No. St., death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence i	n city or town where d	eath occurred	2 EW	ds. How long in U.S. if of foreign birth?yrsn	
2. FULL NAME	. Edward	Newton			
(a) Residence: No	215 Hil	ton Ave.	•	& awaronalle	
Denocoviti	NID COLUMN	(Usual place		If nonresident give city or town and	d State
	OLOR OR RACE			MEDICAL CERTIFICATE OF DEATH	
	Thite	OR DIVORCEI	RIED, WIDOWED, (write the word)	And (Month) (Oay)	(Year)
5e. If married, widowed, or of HUSBAND of (or) WIFE of Soph		wton(nee	e Class)	22. I HEREBY CERTIFY, That I attended M. J. 4 1933, to 7 17	deceased from
6. DATE OF BIRTH (month,	day, and year) Mai	rch 12.	1855.	I last saw h in alive on 74 17 1980	; death is said
7. AGE Years	Months	Days	If LESS than	to heve occurred on the date stated above, at 5 20 P.m.	
79	11	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT[1] end related causes of importance were as follows:	Date of onset
8. Trade, profession, o kind of work do SAWYER, BOOK 10. Undustry or busines work was done, SAW MILL, BAN 10. Dato deceased last this occupation (s In which es SILK MILL.	etired	erchant	Carernen a Stomoch.	A. Ly
10. Dato deceased last this occupation (worked at	11. Total ti spen occu	me (years) It in this petion		
12. BIRTHPLACE (city or to	wn)Baltimo	re,		Other Coutributory Causes of importance:	
(State or country)	Maryian			Peulom to.	2 day
13. NAME Charl	es h. net	11.001		A.	
14. BIRTHPLACE (city o	1 /			Name of operation Date of	-
	Harths	P.		What test confirmed diagnosis? Was there an	
15. MAIDEN NAME 16. BIRTHPLACE (city of (State or country)	or town)			23. If death was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide?	
17. INFORMANT S. (Address) 75			nsville l	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	le) LACE.
18. BURIAL, CREMATION, O	RREMOVAL	Date Do	201, 1535	Menner of injury	
19. UNDERTAKER (Address) 4 1 01	dmonds	on Ave.	zke	24. Was disease or injury in any way related to occupation of deceased?	%
20. FILED // 9	619	Valer	du	(Signed) NB ann and incl	M. D.

If more blanks are policit, today State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. f			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	<u> </u>
County Baltinon	Registration Dist. No. 7 3.9
Village or City Heres	NoSt., Ward
Length of residence In city or town whara daath occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
No44 - M	•
2. FULL NAME Martha Mr.	ous
(a) Residence: No. Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of John W. Hours	1 HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 13, 1865	Mast saw hat alive on 2 /6 193 3 death is said
7. AGE Yaars Months Days If LESS than	
69 4 24 f day,	the LANGLAR CAOSE OF DEATH and legated causes of importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cerebral Remorshage
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacaasad last worked at this occupation (month and	
f0. Date dacaasad last worked at this occupation (month and spent in this occupation occupation occupation this	
R + 1-	Other Cuntributory Causes of importance:
12. BIRTHPLACE (city or town)	
A 4	
	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ellen Elhaler	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Ellen Schryler 16. BIRTHPLACE (city or town) Osungs Mul	Accident, suicide, or homicide? Date of injury, f9
(Stata or country)	Whare did injury occur?
17. INFORMANT Ifany Coof Maries (Address) Newslife med	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Spayer Data Feb. 9, 19	Nature of Injury
19. UNDERTAKER Wm . C Bevolor & Sov	24. Was disaase or injury in any way ralated to occupation of deceased?
(Address) Sparks, Md.	If so, specify
20. FILED fly 6 , 1965 / pelling Corlines	(Signed) J. Signed M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		flag via a a 8	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

certificate.

important. See instructions on back of

TION is very CAUSE OF mation

20. FILED Fel

B.-WRITE PLAINLY.

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01590

County Ballin	none			Registration Dist. No.	38
Village or City Tow	son rea		No		St.,Ward
Length of residence in city or town	where death occurred		death occurred in a hospital or inst		
2. FULL NAME Hes	flands	y sabel	Ward.		
	(Usual place o	f abode)	y	If nonresident give city of	r town and State
PERSONAL AND STA	TISTICAL PARTIC	CULARS	MEDICAL	CERTIFICATE OF D	EATH
Lemele Albert		(write the word)	21. DATE OF DEATH	Chrusy 18 (Month) (Day)	, 193 5 (Year)
Hostinus	Barnel 6	Strott	22. I HEREB	1	0.0
DATE OF BIRTH (month, day, and year	Nov26	1850	i last saw h alive on	Jehruary 18	, 1935; death is sa
AGE Years Mon		If LESS than	to have occurred on the date st	ated above, at 20 m.	
84 2	23	1 day,hrs.	The PRINCIPAL CAUSE OF DE wera as follows:	ATH and related causes of impor	rtance Date of one
8. Trade, profession, or particular kind of work done, as SPINN SAWYER, BOOKKEEPER, atc.	ER, none,		Promise	ua, Praveles/	2/8/3-
kind of work done, as SPINN SAWYER, BOOKKEPER, atc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, atc			73324		
10. Data deceased last worked at this occupation (month and year)	11. Total til	ma (years) It in this			
2. BIRTHPLACE (city or town)	ston Me	ass.	Other Contributory Causes of In	portance:	
(Stata or country)	Dahir				
1. 6. 01					
13. NAME Cirnold	waver	3 <u></u>			
14. BIRTHPLACE (city or town)	Germany		•		
14. BIRTHPLACE (city or town) (State or country)	germany		What test confirmed diagnosis?	Wa	s there an autopsy? 🖳
14. BIRTHPLACE (city or town) (State or country)	besh Th	ieinn	What test confirmed diagnosis? 23. If death was due to external		s there an autopsy? 44
14. BIRTHPLACE (city or town) (State or country)	besh The	ieinn Purmany	What test confirmed diagnosis? 23. If death was due to external	causes (VIOL ENCE) fill in also the	s there an autopsy? Aug he following: ury, 19
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	beth The anover	reinn Lusmany	What test confirmed diagnosis? 23. If death was due to external Accident, suicide, or homicide? Where did injury occur?	causes (VIOL ENCE) fill in also th	s there an autopsy?
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Country) 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT	besh The anover	resmany.	What test confirmed diagnosis? 23. If death was due to external Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred	causes (VIOL ENCE) fill in also the causes (VIOL ENCE) fill in also the causes (VIOL ENCE) fill in also the cause of injury countries (Specify city or town, countries of the cause of the	s there an autopsy?
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address) 8. BURIAL, CREMATION, OR REMOVAL	besh The anover g and Save	reinn Resmany Loffee L. 20,1935	What test confirmed diagnosis? 23. If death was due to external Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred Manner of injury Nature of Injury	causes (VIOL ENCE) fill in also the causes (VIOL ENCE) fill in also the causes (VIOL ENCE) fill in also the cause of injury countries (Specify city or town, countries of the cause of the	the following: ury, 19 nty and State) PUBLIC PLACE.

Registrar.

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAD 7 165			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1.	S'LACE OF DEA)	F MAR	YLAND-	CERTIFICATE OF DEATH 01527	
1. 1	County OC	detur	now		Registration Dist. No.	
	Village or City	Dr He	lena		No. 203 (ataps co are St., Walf death occurred in a hospital or institution, give its NAME instead of street and number)	rd
	Length of residence in cl	ty or town where de	ath occurred	yrsmos		ds.
2. F	TULL NAME	tell to	no lo	eters (Onley)	
	(a) Residence: No		(Usual place of	of abode)	St., Ward. If nonresident give city or town and State	
	PERSONAL AN	D STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	100
3. SEX	Male Wi	r or race	5. SINGLE, MARK OR DIVORCED	RIED, WIDOWED,	21. DATE OF DEATH Set. 15 76 (Month) (Day) (Year)	
5a. If married, widowad, or divorced HUSBAND of						
(0	r) WIFE of				22. I HEREBY CERTIFY, That I attanded deceased fro	
6. DAT	E OF BIRTH (month, day	y, and year)	iel. /	5-76,35	I last saw h alive on, 19; deeth is sa	
7. AGE	Years	Months	Days	If LESS than 1 day, hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
NO 8.	Trede, profession, or pa kind of work done, SAWYER, BOOKKEE	orticular as SPINNER.			Q till form fortus	et
OCCUPATION 9	. Industry or business in work was done, as S SAW MILL, BANK, e	SILK MILL.			(2 his)	
0 10	Date deceased last wor this occupation (mor year)	kad et nth and	11. Total tin	ne (years) t in this pation		
12. BIR	THPLACE (city or town). (State or country)	St Hel	lena	mid	Other Contributory Causes of importance:	
2 13.	NAME VER	Don	ley			
14. 14.	BIRTHPLACE (city or to	(wn) - 7/a			Name of operation Date of What test confirmed diagnosis? Was there an autopsy?	
₩ 15e	MAIDEN NAME 2/5	elen E	fina.	3, cer	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER 16.	BIRTHPLACE (city or to	wn)	exas	7	Accident, suicide, or homicide? Date of injury, 19 Whera did injury occur?	
17. INF	ORMANT A ELE	m 6 0	nley		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BUF	Place Place	EMOVAL Olm	BateHop	King	Menner of injury	
19. UNI	DERTAKER OU S	onical f	Caline	tory	24. Was disaasa or injury in any way ralated to occupation of deceasad?	
20. FIL	Ler 16 th	1935 Ps. (+	Win	wies (m 2 Registrar.	(Signad) (Address) paramondo ont	D.
						-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimbre, Requesting U. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE

V. S. No. 1

TION

should state of OCCUPA-

0	1	1	0	0
U	1	0	9	C

1	. PLACE O	F DEATH			(83)	
	County	Baltim	ore		Registration Dist. No. 3	
		ity Towson		2 (11	No. Sheppard and Enoch Pratt Hosp death occurred in a horpital or institution, give its NAME instead of street ar	nd number)
	Length of resi	dence in city or town wh	ere death occurred	yrs,mos	sds. How long in U.S. If of foreign birth?yrsyrs.	mosds.
2		ME Oscar C				
	(a) Residen	ce: No. Cambri	dge Arms A		St., Ward. Yaltmand M	and State
	PERSON	IAL AND STATI	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. 3	Male	4. COLOR OR RACE White	5. SINGLE, MAI OR DIVORCE Marri	RRIED, WIDOWED, ED (write the word) ed.	21. DATE OF DEATH February 28, 1935 (Month) (Day)	, 193(Year)
5a.	tf married, widow HUSBAND of (or) WIFE of	Mrs. Helen	Orem		22. 1 HEREBY CERTIFY, That I attend November 30, 19 34 to Feb. 28,	
6. 1	DATE OF BIRTH	(month, day, and year)	Anonst 30	1875	I last saw h_imalive on _Feb 27 19	
	AGE Yea			If LESS than	to have occurred on the date stated above, at 9:18. A.m.	
	59	5	28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	1 Data dana
NOI	8. Trade, profeshind of v SAWYER	ssion, or particular work done, as SPINNER, BOOKKEEPER, etc	Loan busi	ness	General Paresis	12/33
OCCUPATION	9. Industry or work wa SAW MII	business in which s done, as SILK MILL, LL, BANK, etc	11 Total	time (years) ent in this cupation	Other Coutributory Causes of importance:	
12.	BIRTHPLACE (ci (State or cou	, , ,	timore Cit	У	Pachymeningitis Pyemia	Unic Unic
ER	13. NAME	George W. O	rem			
FATHER		(city or town) Dor	chester Co	., Md.	Name of operation Date of What test confirmed diagnosis? Was there a	
ER	15. MAIDEN NA	ME Izora D	avis		23. If death was due to external causes (VIOLENCE) fill in eiso the follow	
MOTHER		(city or town) ACC country)		Virginia	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17.	INFORMANT (Address)	Hospital Re	cords	_A	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	itale) PLACE.
18.	Piace 21	TON, OR REMOVAL	John Mch	2,1936	Manner of injury	
.19.	UNDERTAKER (Addiess)	Harry 1	t. Witz	on am	24. Was disease or injury in any way related to occupation of deceased? If so, specify	//
20.	FILED MAN	41,1935	6.23	Registrar.	(Signed) (Address) Pattrell, M.	M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1935	July 5,1927	Peritonitis ·	3 days ago
	177	CHARLES AND EXPERIMENTAL OFFICE OF STATE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from or given up on account of the disease causing death, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (u) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queswhatever, write None. tired 6 yes.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the pisbase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> quences (e.g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on state ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, suicidal, or homicidal, or State cause for which sangleal operation was under-"PUERPERAL seplicaemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inaultion" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Brouchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinomu, Sarcomu, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) Chronic valvular heart disease; Example: Mcasles (disease "Anaemia" "Coma," "Con-(second-(merely

If this certificate is 10 ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUMEAU V: E.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



AD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT R AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLA V. S. No. 1 N. B.

1. PLACE OF DEATH	01531
County Talleman	Registration Dist. No.
Village or City In outston	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
(a) Residence: No. Salfield are harlitand (Usual place of abode)	St. d. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (er) WHEE of Jelan Lenny	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) hord y 3 - 1863 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h and aliwe on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oata deceased last worked at this companies and the same state of	Grbax Pnumma 2-10-
year) 12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Language 13. NAME 14. BIRTHPLACE (city or town)	
(State of county) or have so had	Nama of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was dua to external causes (VIOLENCE) fill In also tha following: Accident, suicida, or homicide?
T8 BURIAL, CREMATION, OR REMOVAL, he piece Lycheden & San Oate Jah 18, 19 3 1	Manner of Injury
19. UNOERTAKER A LOUS (Address) hold Heng Co	24. Was disease or injury In any way ralated to occupation of daceased?
20. FILED 7/5 , 1935 Prangis HBlak	(Signed) (Address) M. D. (Address) M. D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	GRANASSE	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FO	K F U	KTHEK	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

certificate.

See instructions on back

TION is very important.

20. FILED B

16. BIRTHPLACE (city or town). (State or country)

should state OCCUPA.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	532
1	. PLACE OF DEATH	(Ag)	
	County Baltiners	Registration Dist. No. 36	
		IND. 803 Treederect are St.	Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and nu	mber)
	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
2	FULL NAME MAGGIE H. PFEIT	YER.	
	(a) Residence: No. 80 3 Trederick Dese	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and S	tate
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DWORCED (write the word)	21. DATE OF DEATH OF SILE 28	. ~
Z	enale letterle Medouveel	(Month) (Day)	(Year)
5a.	If married, widowed, or divorced	22. I HEREBY CERTIFY. That I attended de	
	(or) WIFE of These. A. 1 feither	22. I HEREBY CERTIFY. That I attended de	ceasen from
6	DATE OF BIRTH (month, day, and year) MAY-24-1862	I last saw h. Lr.) alive on Feb 28 1935:	death is said
	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2	death is said
	72 9 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	8. Trade, profession, or particular	were as follows:	Date of onset
OCCUPATION	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Carolla Page mone	Star
PAT	9. Industry or business in which		y.
CU	work was done, as SILK MILL, and Thomas SAW MILL, BANK, etc.	Chronice myocarditis. Duration: three, years	
00	10. Date deceased last worked at this occupation (month and spent in this	CivseR	
_	year) occupation	Other Contributory Causes of importance:	
12.	BIRTIPLACE (city or towny Statuted Councily	A	
~	(State or country) lucary land	arlerio Neleronia	5
FATHER	13. NAME / house Brooks	Muya caros tro	1728
AT	14. BIRTHPLACE (city or town) Howard County	Name of operation	
_	(State or country) / warylaned	What test confirmed diagnosis? Cen , Cal Two there an aut	opsy? Le
OTHER	15. MAIDEN NAME Klary tadoliff	23. If death was due to external causes (VIOLENCE) fill in also the following:	
TO	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
4	(State or country)		

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 19. UNDERTAKER (Address) If so, specify

(Signed)

(Address)

If more blanks are neded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Where did injury occur?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

portant. See instructions on back of certificate.

rery

TION is

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01000
1. PLACE OF DEATH	107-
County (Sattemore	Registration Dist. No.
6 Minorials St. 18	2 (Mew (S), m)
Village or City VIII OF	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of own where death occurredyrs,mos	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Hawrence D. F.	talleps 0-
(a) Residence: No. Aunis Sta.	The war 40, nu
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORGED (write the word)	21. DATE OF DEATH Sele 15 1935, 193 (Year)
5a. If married, widowed, or divorced	(month) (bay) (lear)
HUSBAND of Wenter Alelleh	22. I HEREBY CERTIFY, That I attended deceased from
2	NOT-62 1930 to Je6 15 15 130
6. DATE OF BIRTH (month, day, and year)	liast saw h wative on Jel 15-19 319; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 8.45 5 mP Jn
83 9 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8 Trade, profession, or particular	Date of onset
kind of work dona, as SPINNER, Lettered (1.). SAWYER, BOOKKEEPER, etc.	Proscho - Onlynnia JEL2.
2 industry or business in which	7.35
SAW MILL, BANK, etc.	
kind of work dona, as SPINNER, Letter J. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Love Letter Letter SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) Occupation	
Cult la 7-10	Other Coatribatory Causes of importanca:
12. BIRTHPLACE (city or town)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Oldito of Country)	1 minia ashma
13. NAME Moses Phillips 14. BIRTHPLACE (city or town) Culfragence, Va.	
14. BIRTHPLACE (city or town) Culmanner Va	Name of operation Date of Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? Ma
15. MAIDEN NAME - Mulmour	23. if death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Carl pappy Vac.	Accident, suicide, or homicide?
State or country)	Where did injury occur?
Turde un turde	(Specify city or town, county and State)
17, INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL:	
10. BUNIAL, CREMATION, OR REMOVAL.	Manner of injury
Place Uate Uate 1999	Nature of injury
19. UNDERTAKER Tobay 4. We sure	24. Was disease or Injury in any way related to occupation in generated?
(Address) 1870 - 9 At. Le.	If so, specify
21/0/35 My Con.	(Signed) W. H. D. M. D.
20. FILED TO 3 3., 19 STIMP ONLINE Registrar.	(Address) 1.0.1(2) 551 (PPP) M
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADY AND OFFICICATE OF DEATH

01522

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ار	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU Y S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	5	PH	act	1
	r R	Υ.	Ex	
5	KEN	TI	fed.	
MARGIN RESERVED FOR BINDING	MAR	n should be carefully supplied. AGE should be stated EXACTLY. PH	SE OF DEATH in plain terms, so that it may be properly classified. Exact	
7	ER	E	yc	10
4	A	ted	perl	ifica
4	IS	sta	pro	rert
77	HIS	pe	pe	of
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	H	pln	nay	Ang
2	NK	shc	it 1	un h
य	GI	GE	that	ne
4	NIG	-T	80	ortio
5	FA	lied	ms,	Str
TY.	ND	ddn	ter	Ti de
	HOL	lly s	lain	V.
	WI	eful	in p	ant
	LY,	car	TH	hort
(Ď	pe	EA	T
	PL	ould	F	AFY
	5	sh	E O	S. S.
	2	H	TO	

STATE OF MA	ARYLAND-	CERTIFICATE OF DEATH 01534
1. PLACE OF DEATH		948
County Baltimore		Registration Dist. No.
Village or City Hebbville		No. Windsor Mill Road St., Ware f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurre	d 76 yrs mos	sds. How long in U.S. If of foreign birth?yrsmosd:
2. FULL NAME Anna Wi	lhelmina Piel	
(a) Residence: No. Windsor Mill Re	oad	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PA		MEDICAL CERTIFICATE OF DEATH
TRI OR DIV	MARRIED, WIDOWED, ORCED (write the word) Widowed	21. DATE OF DEATH February 26 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Pie	1	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 15,	1847	I last saw h. er alive on O'-l 26 1934; death is sai
7. AGE Years Months Day		to have occurred on the data stated above, at 12 P. Midnight
87 7 1	l 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	one	Commany Then low July
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and		
1D. Date deceased last worked at this occupation (month and year)	Fotal time (yaars) spent in this occupation	
12. BIRTHPLACE (city or town)		Other Coatributary Causes of importance
(Stata or country) Germany 13. NAME Frederick Sei		9 old aga
	þ	
(State or country) Germany		Name of operation
15. MAIDEN NAME Unknown		23. If death was due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown (State or country)		Accident, suicide, or homicide?
17.INFDRMANT Mr. William Piel (Address) Hebbville, Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DO REMOVAL Place Woodlawn Cem.	arch 1 ,1935	Manner of Injury
19. UNDERTAKER 1003 W. Baltimore 3	0/1	24. Was diseasa or injury In any way related to occupation of deceased?
20. FILED 28 35 m n. 13	up pero	(Signed) Q, C M. (Address) 4509 Liberty Heights Ave.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	p 11
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

[Approved by U. S. Census and American Public Health Association]

have no occupation whatever, write None. oecupation has been changed or given up on account of service for wages, as Servant, Cook, Housemaid, etc. If the cifically the occupations of persons engaged in domestic or At home, and ehildren, not gainfully employed, as At definite salary), may be entered as Housewife, Housework, household only (not paid Housekeepers who receive a terial worked on may form part of the second statement.

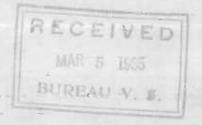
Never return "Laborer," "Foreman," "Manager," examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) statement; it should be used only when needed. and therefore an additional line is provided for the latter each and every person, irrespective of age. For many cated thus: Farmer (retired, 6 yrs.). the disease causing death, state occupation at beginning school or At home. Care should be taken to report spe-Women at home, who are engaged in the duties of the "Dealer," etc., without more precise specification, as Grocery; (a) Foreman, (b) Automobile factory. work and also (b) the nature of the business or industry, employments, it is necessary to know (a) the kind of itor, Architect, Locomotive engineer, Civil engineer, Stationary sufficient, e. g., Farmer or Planter, occupations a single word or term on the first line will be is very important, so that the relative healthfulness of Day laborer, Farin laborer, Laborer-Coal mine, fireman, etc. various pursuits can be known. The question applies to Statement of occupation .- Precise statement of occupation If retired from business, that fact may be indi-But in many cases, especially in industrial "Foreman," "Manager," Physician, For persons who Compos-AS

tributory (secondary or intercurrent) affection need not heart disease; Chronic interstitud nephritis, etc. The eoncer" is less definite; avoid use of "Tumor" for malignant and causation), using always the same accepted term for tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (seeondary), be stated unless important. Example: Measles (disease neoplasms); Measles; cinoma, Sarcoma, etc., of ... nite); Tuberculosis of lungs, meninges, peritonaeum, etc., Cargitis"); Diphtheria (avoid use of "Croup"); Typhoid fever definite synonym is "Epidemic ccrebrospinal meninthe same disease. Examples: Cerebrospinal fever (the only ING DEATH (the primary affection with respect to time Bronchopneumonia ("Pneumonia," unqualified, is indefi-(uever report "Typhoid pneumonia"); Lobar pneumonia; Statement of cause of death.—Name, first, the DISEASE CAUS-Never report mere symptoms or terminal condi-Whooping cough; Chronic (name origin; "Canralvular

> SUICIDAL, or HOMICIDAL, or as probably such, if impossible chaemia," "PUERPERAL peritonitis," etc. ing from childbirth or miscarriage, as "Puerperal septicause of death approved by Committee on Nomenclature nature of the injury, as fracture of skull, and eonsequences homicide; Poisoned by carbolic acid-probably suicide. Struck by railway train-accident; Revolver wound of headto determine definitely. DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, which surgical operation was undertaken. For violent tained as the cause. Always qualify all diseases resulttion," "Marasmus," "Old age," "Shock," "Uracmia," "Exhaustion," "Heart failure," "Haemorrhage," "Inaniatie), "Atrophy," "Collapse," "Coma," "Convulsions," of the American Medical Association.) "Contributory." (Recommendations on (e.g., sepsis, tetanus) may be stated under the head of "Weakness," etc., when a definite disease can be ascer-"Debility" ("Congenital," "Senile," etc.), "Dropsy," Examples: Accidental drowning; State cause for statement of

Norz.—Individual offices may add to above list of nodesirable forms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the solo cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gaugerete, genetritis, prispattis, prisp

11-3184



N. B.—WRITE PLA

1. PLACE OF DEATH	<u> </u>
County Ballimore	Registration Dist. No.
Village or City Bengies	No. St., Ward
Length of residance In city or town where deeth occurredyrsmo	If death occurred in a hospital or institution, give its NAME instead of street and number) s:ds_ How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Boby Preston - Stell	Parth
(a) Residence: No. Bengies Ballimore &	ourste Md Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jebruary 3,5 , 193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WtFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) February 25 - 1935	I last saw h aliva on, 19; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, atm.
1 day,hrs.	THE CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	I remature Birth
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as StLK MtLL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this securetion (month and spent in this	
10. Date deceased last worked at this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Balliamore, County Md.	Other Contributory Causes of importance:
I	
[14. BIRTHPLACE (city or town)	Name of operation Date of
7,500	What test confirmed diagnosis? Was there an autopsy? Was there are autopsy?
#	23. If death was due to externat causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) Wary land	Where did Injury occur?
17. INFORMANT Texita Preston	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Tiermers Tum Md	
Place Sharp It Com Date 2/26 1935	Manner of injury
19. UNDERTAKER Has Preston	Nature of injury 24. Was disaase or injury in any way related to occupation of deceased?
(Address),	If so, spacify
20. FILED. Tel. 26, 19 30 Johns. Comelle	(Signed) facolo Hallman Cozoner M. D. Address) Stermers Run Md
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	RECOF	PH)	Exact
MARGIN RESERVED FOR BINDING	AINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOR	d be carefully supplied. AGE should be stated EXACTLY PHY	DEATH in plain terms, so that it may be properly classified. Exact
D F	IS IS	be sta	be pr
SERVE	NK-TH	plnods	it may
RE	ING I	AGE	o that
MARGIN	UNFAD	supplied.	n terms. s
3	WITH	refully	in plai
	MALY,	be cal	EATH
-	-4	0	

See instructions on back of certificate.

TION is very important.

GAUSE OF

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	STATE (OF	MARYLAND	-CERTIFICATE	OF	DEATH
--	---------	----	----------	--------------	----	-------

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Baltimore	Registration Dist. No. 7 38
Village or City EUDOWOOD SANATORIUM, TOWSON	St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
511 200 - 2 //	Town long in 0.5. It of foreign birth?
2. FULL NAME CANA May Pylon	o of
(a) Residence: No. 2400 Endman Conf (Usual place of abode)	St., Ward. Ballewin
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Femal White OR DIVORCED (write the word)	terway 12 1935
5a. If married, widowed, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
700	august 2 ,1934, 10 Februar 12, 1935
6. DATE OF BIRTH (month, day, and year) apul. 11, 1909	I last saw here alive on the said
7. AGE Yeers Months Days If LESS than I day,	to have occurred on the date stated above, at 3.4.5.4.m.
	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	DO THE
SAWYER, BOOKKEEPER, etc. Noway 9. Industry or business in which	1 utuma / upualosis Cuquel
work was done, as SILK MILL, Duy (+ Wy).	1820
0 10. Date decessed last worked et () 11. Total time (years)	
this occupation (most) and 1/520 spent in this 2 occupation 2	
12, BIRTHPLACE (city or town) Baltimon	Other Contributory Causes of importance:
(State or country) muy level.	
13. NAME Joles Moon.	
14. BIRTHPLAGE (city or town) Baltimor	Name of operation) Who
(Stete of Country)	What test confirmed diegnosis? X Rays Was there an autopsy? 200
15. MAIDEN NAME May Seth	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country) Many level	Where did injury occur?
Hospital RecordsPersonal History	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Eudowood Sanatorium, Towson, Md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 101 day 14th Date 14 1938	Neture of injury
19. UNDERTAKER . A. M. Gully	24. Was disease or injury in any wey related to occupation of deceased? 200.
(Address) 136 L. Fort.	If so, specify
20. FILED Jel 14, 1935 & J Brygna	(Signed) M. D. (Signed) M. D.
/ Registrar.	(Address) Towson, Md./

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NEB AND	187	1	
Other contributory causes of importante:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE OF MARYLAND—	-CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(50)
}	County 200th	Registration Dist. No. 30
	Village or City Catons will	K E S
	(I	If death occurred in a hospital or institution, give its NAME instead of street and number)
/	Length of residence in city or fown where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Wally Randall	
	(a) Residence: No. # & Shipting	St.,Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
	male Colored OR DIVORCED (write the word)	fele 32 193 5
	5a. If married, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
4.	6. DATE OF RIRTH (month day and year) 711 3 d 19 25	11 3 10 , 19 35 , to Felle 3 19 3 5
ate	- State of Diagnatic (month, day, one year)	I last saw h. 19 alive on 7 19 35; death is said
tific	1 day, 13 hrs.	to have occurred on the date stated above, at
certificate	8. Trade, profession, or particular	Oate of onset
of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	malelan 7th 1 d 17
back	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this eccuration (month and	4 Constituting
	work was done, as SILK MILL, SAW MILL, BANK, etc	
s on	10. Date deceased last worked at this occupation (month and year)	
instructions	0.1-10.0	Other Contributory Causes of importence:
net.	12. BIRTHPLACE (city or town) Cours but and (State or country)	
nstı	W 13. NAME Robert Randall	
	14. BIRTHPLACE (city or town) Catons ville, and.	N
See	(State or country)	Name of operation Date of
nt.	15. MAIDEN NAME Cornelea France	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following:
rta	16. BIRTHPLACE (city or town) Corol la.	Accident, suicide, or homicide? Date of injury, 19
npo	Total of Country)	Where did injury occur?, 19
very important.	17. INFORMANT Father - Robert Randall	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
rer	(Address) # 8 Slight y avz.	
.is	Place Vester Ster Current Feb. 4,035	Manner of injury
TION	78 L 9	Nature of injury
Ī	19. UNDERTAKER & COLON Some	24. Was disease or injury in any way related to occupation of deceased?
	1/14	If so, specify
1	20. FILED 1930 Indies	(Signed) A Clert Harden M. D.
1:	Registrar.	(Address) 19 winter aux Catons al Do on

V. S. No. 1

N. B.-WRITE PL

AYSICIANS should state statement of OCCUPA.

3D. Every Item of infor-

UNFADING INK-THIS IS A PERMANENT RI supplied. AGE should be stated EXACTLY.

MARGIN RESERVED FOR BINDING

DEATH in plain terms, so that it may be properly classified.

carefully LY, WI

mation shoun

If more bank de fogies, ladiras flate Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

certificate.

of OCCUPA-

1. PLACE OF DEATH		93-2	
CountyBaltimo	re	Registration Dist. No. 3	8
Village or City Towson,	Maryland	No. Sheppard and Enoch Pratt Hospi	tal Ward
		f death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town wher	e death occurredyrs/mos	ds. How long in U.S. If of foreign birth? yrs. n	mosds.
2. FULL NAME Mus. St	uce /1.	tanney	0.
(a) Residence: No.		St., Ward. Cleveland Oh	uo
PERSONAL AND STATIS	(Usual place of abode)	If nonresident give city or town an	d State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
Female White	OR DIVORCED (write the word)	February 26	193 5
5a. If married, widowed, or divorced	Vidou	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	les P. Rannas	22. I HEREBY CERTIFY. That, I attended	deceased from
(0)20	1	July 4 124,10 telmany	26 19 35
6. DATE OF BIRTH (month, day, and year)	111.00-1873	Glast saw her alive on Felman 26, 1935	1_; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 130 A.m.	
81 2	unten 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:	
8. Trada, profassion, or particular	() VI	Arteriosclevois	Date of enset
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc		Chronic musocarditis	1915
9. Industry or business in which	Do a A	Commen Hames lawsin	2/16/20
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	J) jone		
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
year)	Possupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	eland Man	Psyclion c cerebral	1915
(State or country)	7 4	arterio sclesorio	11-1
13. NAME COLUMN	Shadres	Browling premonia	Venurua
13. NAME 14. BIRTHPLACE (city or town)) -010-010-1	Name of operation Date of	
(State or country)	Moon	What test confirmed diagnosis? Zeoeu Was there an	autoney?
15. MAIDEN NAME TOKA V AGA	a Dalman	23. If death was due to external causes (VIDLENCE) fill in also the followin	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	In the or the	Accident, suicide, or homicide? 20 Date of injury	0
2 16. BIRTHPLACE (city or town)	S LOW	Whera did injury occur?	, 15
Ti anital Pa	hand a	(Specify city or town, county and Sta	ale)
17. INFORMANT Hospital Re (Address)	pords	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PL	LAUE.
18. BURIAL CREMATION, OR REMOVAL '	20.010	Manner of injury	
Place Ulbelling VM	Date Telly 10, 1935	Nature of injury	
hah m	millon		710
19. UNDERTAKER (Address)	3. A Carre	24. Was disease or injury in any way related to occupation of deceased?	
7777	a vavva sn		
20. FILED, 19	man and a second	(Signed) Martiner & Patrell M.	M. D.
	() Registrar.	(Address) Towson, Mary and	

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PHORAIL A. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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	a series seeds		

V. S. No. 1

1. PLACE OF DEATH	R	(6.50)	
County 2 all	01	Registration Dist. No. 38	
Village or City as how	ills	NoSt.,	Ward
Length of residence in city or town where d		death occurred in a horpital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME So hu	· Nugust	Daw	
(a) Residence (No. 2812	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Waltz. 5a. If married, widowad, or divorced	5. SINGLE, MARRIED, WIDOWEO, OR DIVORCEO (write the, word)	21. DATE OF DEATH Grant (Month) (Day) (Yes	
HUSBAND of Con Wife of Johanna	- Rau	22. I HEREBY CERTIFY, That i attended deceased	
6. DATE OF BIRTH (month, day, end year) 7. 7. AGE Years Months 2	0 2 3 1852 0 ays If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Boy Makery,	Cerebral Homorage 2/1	1/3.
year)	11. Total tima (years) spant in this occupation	Other Contributory Causes of Importance:	
13. NAME Dine Car	u		
14. BIRTHPLACE (city or town) (State or country)	rnany.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME AND STATE OF THE STATE OF TH	Alex.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place W. Partin Comments	coate Februt 1935	Manner of Injury	
19. UNDERTAKER AND	· UB Bocon	24. Was disaase or injury in any way related to occupation of dacased? 210 If so, specify (Signad)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

() () M	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Les Alexa	e of Harford, Ca was called
	N 1 1 1
andston	na this Man Arade

WRITE PLAINLY, WITH

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1. PLACE OF DEATH	82-0-
County Gettimme	Registration Dist. No. 35
Village or City Crekeysulle	No. St Ward
Length of residence in city or town where death occurred 84 yrs. // mos	death occurred in a horpital or institution, give its NAME instead of street and number) 2.2. ds. How long in U.S. if of foreign birth?
I co . Le o	ds.
2. FULL NAME William Showa	s occup
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE COLOR OR RACE OR DIVORCED (write the word) COLOR DIVORCED (write the word)	21. DATE OF DEATH February / 1935 (Year)
5e. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Sarah Jane Perley	22. I HEREBY CERTIFY, Thet I attended deceased from 1935, to Level 11 1935
6. DATE OF BIRTH (month, day, and yeer) Feb. 19 1848	I last saw h alive on Jel 1/ 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
86 // 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or perticular kind of work done, as SPINNER, U a Teluman	Date of onset
A Industry or husings in which	Humphlegree / day
	1
10. Date deceased lest worked at 11. Totel time (yeers)	
this occupation (month and yeer) . Hely	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Cities Countries of Importance.
(State or country)	
13. NAME J. Riley 14. BIRTHPLAC (city or town)	
14. BIRTHPLA() (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Mary June Carta	Whet test confirmed diagnosis? Wes there en eutopsy?
The second secon	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Mus Sylves ter Beiber	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Cickessulle Wel	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Poplar Date Tel. 14,1934	Nature of injury
19. UNDERTAKER Was Carolina & Sanda &	24. Was disease or injury in eny wey related to occupetion of deceased?
20. FILED Feb 13 7, 1935 William Je Chileona Registrat.	(Signed) OB
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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TARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
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See instructions on back of certificate.

TON is very important.

The state of the s	CERTIFICATE OF DEATH 01542
1. PLACE OF DEATH	(92-0)
/ County (Dallemore -	Registration Dist. No. 442
Village or City has Cerhitain -	No. Oakland Ra St., Ward
Length of residence in city or town where deeth occurred 51 yrs	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME This CoSina Conglin	a -
(a) Residence: No. Oax Can Ru.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White Circlower	21. DATE OF DEATH Showing (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Heury Curgling	22. I HEREBY CERTIFY That I attended decesed from Taking 26th 1935 to Jeh 7th 1935
6. DATE OF BIRTH (month, dey, and year) 800 21 1858	7 (4
7. AGE Years Months Days If LESS then	I last saw h afive on 6/h, 19 35; deeth is seid to heve occurred on the dete stated above, et m_
7/ 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
9 Trade protection or continue	were as follows:
A. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked at this occupation (month and	P. P
9. Industry or business in which	Usproalon, infection follow
work wes done, as SILK MILL, (Celene)	by toonchiles.
10. Dete deceased lest worked at this occupation (month and year) spent in this occupation occupation	
P	Other Coutributory Causes of importance:
12. BIRTHPLACE (City of town)	Chronic valordar hand dream
	E arm (howai - Sudden deech
13. NAME Recleaning 14. BIRTHPLACE (city or town) Germany	ofter exection of leaving her.
14. BIRTHPLACE (city or town) Gestman	Neme of operation Dete of
(Stete of Country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Soffohia Wahawa	23. If death was due to external ceuses (VIOLENCE) fill In elso the following:
15. MAIOEN NAME Soffshia Wahans 16. BIRTHPLACE (city or town) Gamany (State or country)	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Ma Mute Wahaus (Address) Reac how.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Galonvill	Manner of Injury
Plece Salem bent Dete Feb 1/ 1935	Nature of injury
19. UNDERTAKER W M. Book (Address) / 2 / 750 D and So	24. Was disease or injury in eny way related to occupetion of deceased? N
20. FILED Jely 1935 Sefmfielder	(Signed) / Feder U, Ders les 'M.D. (Address) Kelay Med.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones '	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01544
1. PLACE OF DEATH	
County Ballimore	Registration Dist. No. 44
Village or City Colgate	NoSt.,Ward
Length of residence in city or town where death occurred yrs mos. 2. FULL NAME Charles Ruggert	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Lower owl	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE OR DIVORCED (write the word) 5a. If marriad, widowed, or divorced	21. DATE OF DEATH Jebruary 7, 193 5 (Year)
HUSBAND of Grace Ruppert	22. I HEREBY CERTIFY, That I attended deceased from ,19, to,19,19
6. DATE OF BIRTH (month, day, and year) May 30 - 1890 7. AGE Years Months Days If LESS than 1 day, hrs. ormin.	to have occurred on tha data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, Crane Operator SAWYER, BOOKKEPER, etc	Cerebral Hemorrhage
12. BIRTHPLACE (city or town) Baltimore Md (State or country) 13. NAME Herman Puppert	Other Contributory Causes of Importance:
E	Name of operation Date of
14. BIRTHPLACE (city or town) Sermany (State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary Lick 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT Grace Pruppert (Address) Lowry are Rolante	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accidant, sulcide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of the angle empare 2/9 1933	Nature of injury
19. UNDERTAKER TOURS AND TOURS AND THE CONTROL OF T	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signal)
20. FILEO 3/ 7/ 1935 John 9. Comully Register.	(Signed) facoff wallers are Coroner M. D. (Nodress) Stemmers Cum Md 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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M	PHYSI-	Co	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
RECORD	EXACTLY, ly classified loate	Villa	2 FULL NAME Carl Ferdine	Registration Dist. No. Liberty Roadi: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and aumber.)
MARGIN RESERVED FOR BINDING THE LINEADING INKTHIS IS A PERMANE	n should be carefully supplied ACE should be state. SE OF DEATH in plain terms so that it may be proper on is very important. See instructions on back of cert	7 AG	PERSONAL AND STATISTICAL PARTICULARS EX 1 COLOR OR RACE 5 SINGLE, MARRIED, MUDOWED OR DIVORCED (Write the word) ATE OF BIRTH December 2 6 , 1959 (Month) (Day) (Year) If LESS than I day hrs. 2 COUPATION OT Trade, profession or articular kind of work Employee As local or min. ? OGENERAL AND STATISTICAL PARTICULARS EX 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended the deceased from 199 to
V. S. No. 1. WRITH HINI V	m of informatio	14 T	(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Authority The More blanks are needed, address State Registrar	Accidental, Suicidal of Homicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place In the of death yrs. mos. da. State, yrs. mos. de Stat

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; a !ditional line is provided for the latter statement; it cupation is very important, so that the relative healthbut the state fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the misease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as it school or it home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various parsuits can be known. The ques-Latever, write None. 1.8.18 9 par. ; Statement of Occupation-Precise statement of ocefe., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation

EASE CALEINO of Cause of Death—Name, first, the big-EASE CALEINO DEATH (the primary affection with respect to title and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospin: I meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> conditions, such as "Asthenia," "Anaemia" (mcrely ary), 10 ds. Never report mere symptoms or terminal mgcs, peritonacum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental decorning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under "Puerperal septicuemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inunition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart vulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Concausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. The na-Whooping cough; Chronic valvular heart disease; "Debility" ("Congenital," "Senile," etc.), (Recommendations on statefailure." "Haemor-(second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
THE PERSON NAMED IN THE PE	Registration Dist. No.
Village or City <u>Dundalk</u> (No. 261 <u>Bal</u> ² FULL NAME <u>Infant Sacchetti</u>	timore Ave. St.: Ward) (If death occurred in a hospital or institution, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Feb. 24. , 1935 (Month) (Day) (Year)
February 24, 1935 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 18 5. to Fil 24 , 193 5. that I last saw h alive on , 192,
7 AGE If LESS than day hrs. day hrs. day nin.?	and that death occurred on the date stated above, at 4 m. The CAUSE OF DEATH * was as follows: Stillborn
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER JOSEPH Sacchetti 11 BIRTHPLACE OF FATHER (State or country) 12 Control of FATHER (State or country) (State or country)	Contributory Secondary Duration) Duration) Duration) Feb. 25. 1935 (Address) Dundalk, Md.
Control of Father (State or country) Italy 12 MalDEN NAME OF MOTHER Olga Perseghin 13 BIRTHPLACE OF MOTHER (State or Country) North Carolina	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) In Archite my knowledge (Address) Archite my knowledge (Address) Archite my knowledge	Where was disease contracted, it not at place of dea h? Farmer or usual residence OUTHER 20 UNDERTAKER ADDRESS
Filed 192 Registral If more b.anks are needed, addre.s: tate Kegistrar	Jah, Hopelas 1/2 43, 16 W. Saratoga gl., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At-school, or At home. Care should be taken Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Civil engincer, whatever, write None. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many Grocery;

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"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent Deaths state means of injuly State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic values, etc. Example: Measles (disease valvular Nomenclature The contributory heart disease; not be

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V. S. No. 1

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many II	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923		1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

1. PLACE OF DEATH		70
County Balfuire	Carry	Registration Dist. No. 88
Village or City Parkwill	(If	No. Tust of Dakley Rd St., Warridge death occurred in a hospital or institution, gived its NAME instead of preet and number) ds. How long in U.S. If of foreign birth? yrs. mos. de
		1
2. FULL NAME - aralı (a) Residence: No. Same as	Teler ger Muce of death (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH # Uruny (Month) (Oay) (Year)
98. If married, widowed, or divorced HUSBAND of Christopher -	Scherger	22. I HEREBY CERTIFY, Thet I attended deceased fro
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day,hrs.	I last saw h alive on
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Harrife	Gascineura of Dection with Dec. 19
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Radelshin poa	
13. NAME Polent May 14. BIRTHPLACE (city or town)	00/	Name of operation Cutastany Date office: 1931
(State or country)	Ranel	What test confirmed diegnosis? Sparaficus Was there an autopsy? He
15. MAIOEN NAME Office. 16. BIRTHPLACE (city or town) Jones (State or country)	Durney.	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?, 19, Where did injury occur?,
17. INFORMANT & Surstophy (Address) & Alleh P	v Scherger	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place PAR OLIVES	Dete Feb 5, 1930	Manner of injury
19. UNDERTAKER / M. Cadress) /2/75+5	ok	24. Wes disease or injury in any wey related to occupation of deceased? 200

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			- O- H - I

	11/	M/ D. B. 1208-9 \ \ \ . \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	F 00553
	1	HEALTH DEPARTMENT	T-CITY OF BALTIMORE
	YSICIANS should xact statement of	CEDUTEICAT	E OF DEATH 93-0 GB-
	sho sent	1 DIACE OF DEATH	1 n 30
	NS in	Co 6708 to davin	fc (lee) (If death occurred in
	Ever	1 1 1 1 1	give its NAME instead
	D. FIYSICE Exact	(habrel of he to	mosds. How long in U. S. If of foreign birth?yrsmosds.
	ORD. PHY Ex	2. FULL NAME TO THE TOTAL OF THE STATE OF TH	1
	ified	(a) Residence: (No. 6708 Frederick) (Usual place of abode)	(If non-resident give city or town and State)
	NT ACTL classified ite.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
		3. SEX 4. Color or Place 5. Single, Married, Widowed, or Divoced (write the word)	21. DATE OF DEATH (month, day, year) 7, 19)
(7)	4 4 1	Male It here Hidower	22. I HEREBY CERTIFY, That I attended deceased from
NIC	7 4 01	5a. If merried, widowed or divorged HUSBAND of (or) of Mulier Schlote	I last saw h. Jean Jive on Jele 7 , 19 3 Death is said
BINDIN	C Pe K	6. DATE OF BIRTH (month. day, year) March 6-1856	to have occurred on the date stated above, at
SR E	IS Auld build bundy	7. AGE Years Months Days If LESS than	The principal cause of death and related causes of importance were as follows:
FC	sho t it	78 // / 1 day,hrs.	a solicities and a
VEC	tha	Trade, profession, or particular kind of work done, as spinner, Maker	year wind owner year
SERV	NK-A-A-Booten	kind of work done, as spinner, awyer, bookkeeper, etc	
RES	IG I lied.	saw mill, bank, etc	
RID	DIN Supp	this occupation (month and spent in this occupation occupation	Other contributory causes of importance:
ARC	VFA Ily s plai	12. BIRTHPLACE (city or town) 15-12. (State or country)	myocordial degeneration
Σ	areful H in		I would interest !
1	1 0 FI	13. NAME 14. BIRTHPLACE (city or town) Introduce (State or country)	Name of operation Date of
	, W. DEA		What test confirmed diagnosis?
	VLY Ould OF	15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury
- 1	SHO N	16. BIRTHPLACE (city or town)	Where did injury occur?
		17. INFORMANT M. M. Millgrubs	Specify whether injury occurred in industry, in home, or in public place
	CUC	(Address) 6408 Frederick auc	Manner of injury
	infor state OCCT	18. BURIAL, CREMATION, OR REMOVAL Place Con Caron Cem Date 1 13	Nature of injury
	B.	19. UNDERTAKER ROLF CY BM: Walters	24. Was disease or injury in any way related to occupation of deceased?
	ZIT)	(Address) /V/ Stricker St	If so, specify
	T 3	Pegistrur.	(Signed)
	1 15	Tespissrui.	772710

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	Example II	
d Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	4
May 1, 1923	Gestroenteritis	1 year
	Q (93)	,
	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows: 1915 1921 July 5, 1927 Peritonitis

STATE OF MARYLAND	CERTIFICATE OF DEATH	50
1. PLACE OF DEATH	108	10
County Balls .	Registration Dist. No. 32	
	No. Old Court Coal St., Il death occurred in a hospital or institution, give its NAME instead of street and numb	Ward er)
Length of residence in city or town where deeth occurred. 4 yrsmo	sds. How long in U.S. if of foreign birth? yrsmos	ds.
2. FULL NAME Elizabeth Chron	Shiver (Thriver)	
(a) Residence: No. Pike will all court	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	
Finds white OR DIVORCED (write the word)	21. DATE OF DEATH S (Month) (Oay) , 193	(Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of genge M. Shiring	22. I HEREBY CERTIFY, Thet I ettended decea	ased from
6. DATE OF BIRTH (month, day, and year) G + 2, 1866	1 1 1 1 1 1 1 1 1 1	
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 12 30 Pm.	10113 3414,
68 4 5 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related ceusos of Importance ware as follows:	
8 Trade profession or particular	Dail Dail	13-135
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this preparation (month and	linculating Failure 2	17/35
10. Data deceased last worked at this occupation (month and year) 11. Total time (years) 11. Total time (years) 12. Total time (years) 13. Total time (years) 13. Total time (years) 14. Total time (years) 15. Total time (years) 15. Total time (years) 16. Total time (years) 17. Total time (years) 18. Total time (years) 1		
12. BIRTHPLACE (city or town) Ballo	Other Coutributory Causes of Importance:	
(State or country)	- Chime byraulita 1	932
13. NAME Michael Comment	0	
13. NAME RICHARD CERTAIN (State or country)	Name of operation	sur ho
15. MAIDEN NAME margant mack by	23. If deeth was due to externel causes (VIOLENCE) fill In also the following:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15. MAIOEN NAME Margaret Mark Ly 16. BIRTHPLACE (city or town) leland (State of country)	Accident, suicide, or homicide? Date of Injury Where did Injury occur?	19
17. INFORMANT POSSE M. Shirm	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL)	Washe of Jajuru	
Place orano Center Date Febry 1/193	Menner of injury	- 4 - 7
19. UNDERTAKER JOHN O. MUCHIEL HOUSE	24. Was disease or Injury in any way releted to occupation of deceesed? A	٥
Juli mappina	Signed Calve Le William	э м. D.
20, FILEO F. C. 19. 3.2. Registrar.	(Address) Rete ville In	e

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	Example I		Example II	
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy .	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AAAD 4 1935	July 5,1927	Peritonitis	3 days ago
	BUREAU V. E.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYL	AND-CERTIFICATE	OF	DEATH
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01551

1	. PLACE OF	DEAT	H	1 1717 11 1		——(4) 3/	J U 2,
/	County	Balt	imore			Registration Dist. No.	
/	Village or Ci	tv He	bbville			No. St	Ward
				eath occurred2	.2 yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and num sds. How long in U.S. If of foreign birth?yrsmos	ber) ds.
2	. FULL NAM	NE	Sara	ah Emma S	nyder		
	(a) Residence	e: No. H	lebbvill	e, Md. (Usual place	of abode)	St., Ward. If nonresident give city or town and Sta	ite
	PERSON	AL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
-	sex Female	4. color Whi			RIED, WIDOWED, D (write the word) Wed	21. DATE OF DEATH February 27 (Month) (Oay)	93.5 (Year)
5a.	HUSBANO of (or) WIFE of			nry Sn y de	r	22. I HEREBY CERTIFY, That I attended dec	easad from
6.	DATE OF BIRTH (month, day,	and year) Ma	y 31, 184	1	I last saw her alive on Jel 3-6,19 ; d	leath is said
	AGE Year	's	Months	Days	If LESS than	to have occurred on the data stated above, at 1.20. Am.	
	9:	3	9	27	1 dey,hrs.	THE PROPERTY CAUSE OF DEATH and I traced causes of Importance	ate of onset
OCCUPATION	8. Trade, profes kind of w SAWYER, 9. Industry or b	ork dona, as BOOKKEEPI	s SPINNER, ER, etc	None		Commo of Karling	1934
UP	work was	dona, as SII L, BANK, ato	LK MILL,				
000	10. Oate deceasa		ad at	11. Total t spe occ	ime (years) ntin this upation		
12.	. BIRTHPLACE (city (State er coun		Mt. Zio	n, York (Pennsylva	County,	Other Contributory Causes of importance:	
ER	13. NAME		John B	lacksmith	Miller		
HATHER	14. BIRTHPLACE (State or		n)U	.S.		Neme of operation Date of	nev? (a)
F	15. MAIOEN NAP	NE CE	atherine	Reinhart	,	23. If death was due to external causas (VIOLENCE) fill in also tha following:	/psy:
MOTHER	16, BIRTHPLACE (Stata or	(city or tow	n)U.	s		Accident, suicide, or homicide? Dale of injury Where did injury occur?	, 19
	(Address) 5	W. Fo	amuel A. ort Ave.	. Baltimo	re	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE	
18	BURIAL, CREMATI	ion, or re	MOVAL Chu	Day Marc		Manner of injury	
19	UNDERTAKER (Address)	1003/	W. Balti	more St.	1	24. Was disaase or injury In any way related to occupation of deceased?	~ <i>O</i>
20	FILEO 2/2	7 , 79	35 30 3	7 13mp	Registrar.	(Signad) 4509 Liberty Heights Ave.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	946
County /galteriore	Registration Dist. No.
Villago on Oiles Dan of a Da	/ 905 Pail - Bus
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	nosds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Leage Wilton Spe	
(a) Residence: No. 6905 Railway ave	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE S. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Feb 23, 193 5 (Month) (Day) (Year)
a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Laura B. Spellman	22. I HEREBY CERTIFY. That I attended deceased from Ash. 23, 1935, to Pel. 23, 1935
DATE OF BIRTH (month, day, and year) Nov. 30, 1876	
. AGE Years Months Days If LESS than	I last saw h; death is sald to have occurred on the date stated above, at/ 4.5.m.
57 2 22 1day hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, Bucklayer SAWYER, BOOKKEEPER, etc.	Gronary Kromboris Tet 23,1935
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Pundustry or business in which work was done, as SILK MILL fleth. Steel C. SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	
work was done, as SILK MILL fleth. Steel Co.	
10. Date deceased last worked at this occupation (month and 1927 year)	
/	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) Harris buburg (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Date of Date
	What test confirmed diagnosis? History Was there an autopsy? Ma-
1/ . 1	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Yaurusenburg Va. (State or country)	Accident, suicide, or homicide? Date of Injury, 19
	Where did Injury occur?(Specify city or town, county and State)
7. INFORMANT Son - Clevard Skellman (Address) 6905 Railway ave.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Maria Counting Date Feet 26, 1935	Nature of Injury
9. UNDERTAKER WM CONT.	24. Was disease or injury in any way related to occupation of deceased?
(Address) 1214 St Paul St Balt ma	Horney Frickrift adam Coroner
O. FILED. 2/23/36 97 mlearance	(Signed) L. Horrard Durus M. D.
Registrar.	(Address) / 39 Dundal & ave,

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BORCAS			
Other contributory causes of importance:		Other contributory causes of importance:	1-1-1-1
Gallstones	May 1,1923	Gastroenteritis	1 year

_	ADDITIONAL SPACE FOR FURTHER STATEMENTS	BY PHYSICIAN
n		according to son's statement.
	Illuera characteried by frecordial pain	radiative to arms lasterie
	Lor about one half how followed by gred	den death.
0		Dal 18.140
		JAgraed Jan

.—WRITE PL. LIY, WITH UNFADING INK—THIS IS A PERMANENT RECRD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should standard of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPTION is very important. See instructions on back of certificate.	inf	Sts	UP	
WRITE PL. LY, WIN'H UNFADING INK-THIS IS A PERMANENT RECRD. Every item nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shows AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CION is very important. See instructions on back of certificate.	Jo	nld	200	
WRITE PL. LY, WITH UNFADING INK—THIS IS A PERMANENT RECRD. Every is nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ION is very important. See instructions on back of certificate.	tem	sho) J	1
WRITE PLACEY, WITH UNFADING INK—THIS IS A PERMANATION should be carefully supplied. AGE should be stated EXA (AUSE OF DEATH in plain terms, so that it may be properly class TON is very important. See instructions on back of certificate.	NENT RECORD. Every ite	CTLY. PHYSICIANS SI	ified. Exact statement of	
WRITE PLACEY, WYTH UNFADING INK—THIS nation should be carefully supplied. AGE should be AUSE OF DEATH in plain terms, so that it may be ION is very important. See instructions on back of	IS A PERMAI	stated EXA	properly classi	certificate.
	VRITE PL. (LY, WITH UNFADING INK-THIS	ation should be carefully supplied. AGE should be	AUSE OF DEATH in plain terms, so that it may be	10N is very important. See instructions on back of

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 30 County (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where death occurred (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR D. VORCED (write the word) idowed (Day) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days/ If LESS than 1 dayhrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or____min. Oate of onset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation Other Contributory Causes of impor 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis?_____ Was there an eu'opsy?____ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?_______Date of injury_______19 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OR REMO Manner of injury Nature of injury. 24. Was disease or injury in env way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED ... (Address) Darlery Jac Registrar.

If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemarrhage	July 5,1927	Peritmitis	3 days ago
· September			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year
	.1		

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	BI
County Balto	Registration Dist. No. 33.
2. FULL NAME Genjamin L. Stanes (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wire the word) Market Market	21. DATE OF DEATH Feb. 45 193 5. (Month) (Oay) (Year)
5a. If married, wildowed, or of Rosed HUSBANO of (or) WIFE of Clyabeth A Stansfield	22. I HEREBY CERTIFY, June 1 attended deceased from 1935
6. DATE OF BIRTH (month, day, and year) Syst. 13 18 43 7. AGE Years Months Days If LESS than 1 dey,hrs	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and this propagation).	Thaenie Coma
year) Specific titls occupation occupation 12. BIRTHPLACE (city or town) Howard Co (State or country) Mm d	Other Contributory Cauca of importance: Superfinite caroliovación Sonal distase
14. BIRTHPLACE (city or town) - MA	Name of operation Date of What test confirmed diagnosis? Westhere an eutopsy?
15. MAIOEN NAME Mary Vinney 16. BIRTHPLACE (city or town) 17. INFORMANT Mugline Stamfiel (Address) Waterstown Mrd	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, sulcide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Dund Ridge Date Feb 6 ,1935	Manner of injury
19. UNDERTAKER JEGlynes Lons (Address) Pustustrum Md	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)
20. FILED 19 Registrar.	(Address) Cless tees town my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

AGE should be stated EXACTLY, PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.—WRITE PLAINLY,

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Exact statement of OCCUPA.

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

IARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	12	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA.

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important. See instructions on back of certificate.

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1 PLACE OF DEATH		-	(140)
/ County Baltimor	8		Registration Dist. No. 2nd.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ker Hill re death occurred		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Margare			
(a) Residence: No.			St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH February 28th. 1935 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from
7. AGE Years Months 26 2	Days 11	if LESS than l day,hrs.	I last saw h alive on 19 ; death is said to have occurred on the date stated above, at 7.20 P.M. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Cangrene of Uterus. Date of onset 4.8 hr
	11. Total ti	ime (years) nt in this upation	Other Contributory Canses of Importance: Incomplete Abortion. Autopsy by Dr. Howard J.Maldeis
Tilliam T.	Stauffer		104 W. Madison St. Balto. Md.
(State of Country)	ittsburg Marylan	nd.	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy? Y \(\therefore\)
15. MAIDEN NAME Annie	Norton		23. If death was due to external causes (VIOLENCE) fill in also the following:
	Maryland	a.	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Annie (Address) Quaker Hill	Stauffe:	r	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem	. Date Mou	1,5,,35	Manner of injury
19. UNDERTAKER Laston Son (Address) Ellic	s. ott Uity	, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 2 , 1932	Wan E m	artria Registrar.	(Signed) work town in a course

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	El I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1	1. PLACE O	F DEATH				82-0	
1	County	Jalli	more	2		Registration Dist. No.	×
	Village or (City Wal	nut	Grove		NoSt.,	Ward
						death occurred in a hospital or institution, give its NAME instead of street an	
	Length of res	idence in city of	town where	leath occurred	yrsmos	ds. How long In U.S. if of toreign birth?yrs.	mos ds.
	2. FULL NA	11	deric	ka.	Iwanko	fskei	
at-1000	(a) Resider		adnal	(Usual place		St., Ward. If nonresident give city or town a	nd State
-	PERSON	NAL AND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
1	Male	4. COLOR O	ite		RED, WIDOWED, D (perite the word)	21. DATE OF DEATH Sebruary (Day)	, 193_5 (Year)
) Ja	. If married, widow HUSBAND ot (or) WIFE of	wea, or divorced		V		22. I HEREBY CERTIFY, That I attended	
			~		1 1012 1-	, 19, 10	
-	DATE OF BIRTH			77	n-1873	I fast saw h, 19, 19	; death is said
7.	AGE Yes	ars	Months	A Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
	5	9	6	3	or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
OCCUPATION	SAWYER	ession, or partic work done, as S R, BODKKEEPER business in wh as done, as SILK LL, BANK, etc	PINNER, , etc	Laborer		Cerebral Hamorrage	
000	10. Date deceas		at	sq2	ime (years) nt in this upation		
12	. BIRTHPLACE (c		Bal	limore		Other Contributory Causes of Importance:	
2	13. NAME	Marti	a In	mkols	ki		
FATHER			Gas			Name ot operation Date ot	
FA	14. BIRTHPLAC	E (city or town) or country)	·····	marry			
2		h a a		1.1.		What test confirmed diagnosis? Was there a	
MOTHER	15. MAIDEN NA 16. BIRTHPLAC (State o		"Ge	many	nm	23. It death was due to external causes (VIDLENCE) fill in also the follow Accident, suicide, or homicide? Where did injury occur?	
17	. INFDRMANT	adar	n In	rankof	ski	(Specify city or town, county and S Specity whether injury occurred In INDUSTRY, In HDME, or In PUBLIC	
18	B. BURIAL, CREMA	Jerman	Express :	Congregation 3	2 ,1935	Manner of injury	
19	O. UNDERTAKER	Johns	9.60 ser	mell p	y m	24. Was disease or injury in any way related to occupation of deceased?	
20	o. FILED Ma	7./ 19.5	35 701	m 9.7	Somelly Registray	(Signed) faco to flather am Coron	GRZ M. D

S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEMEN	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 5 1605	July 5, 1927	Peritonitis	3 days ago
	RUDEAU V S			
Other centributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	92-00
County Ballmon	Registration Dist. No. 3
	ND. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
4 41	sds. How long in U.S. if of foreign birth?yrsmosd
(a) Residence: No. Slamman (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /26 /4 ,193 3 5 (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of John W. Lhompson	22. I HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) Cary 1550 1860	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days if LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, atm. Tha PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and deceased).	Mishal Lauran J Hart
this occupation (month and forms - 35 spent in this year) 12. BIRTHPLACE (city or town) Characters Co. The (State or country)	Other Contributory Causes of Importance:
13. NAME John Idall	
13. NAME John Idale 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME waken	23. If death was due to axtarnal causes (VIOL ENCE) fill in also the following;
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
17. INFORMANT John IV. Thompson (Address) 2108 Carfainter Or Okla	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place St. Julius Cesa Date 7 46, 184 , 19.35	Manner of Injury Nature of Injury
19. UNDERTAKER J. 7. Eline 45 and (Address) Occupies tom	24. Was diseasa or injury In any way related to occupation of deceased?
20. FILED Frb. 15, 1935 DYMSland Registrar.	(Signed) B. M. Slade M. (Address) Revoluntame M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	***	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	i i	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
TO REPORT OF			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN 5351 07 834	
BECETAEL	

V. S. No. 1 N. B.—

STATE	OF	MARYL	AND-	CEDTIE	CATE	OF	DEAT	ш
SIAIL	Ur	MARIL	AND-	CERIII	ICAIL	OF	DEAL	Н

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1. PLACE OF DEATH	- GRAINICATE OF BEATH
County Baltineare	Registration Dist. No.
Village or City Spring Grone Kaspitel, C	Clause ville Md. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance in city or town where daath occurredyrs,	_mos2_7_ds. How long in U.S. if of foreign birth?yrsds
(a) Residence: Np. 3617 Ferndalle a	(Trought)
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOW OR DIVORCED (minche m	Jeh 75 1935
5a. If married, widowad, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WHE of Merrica Twise names of	22. I HEREBY CERTIFY. That I attended deceased from Nov-28- 1934, to 424-75- 1935
6. DATE OF BIRTH (month, day, and year) March 1 2 - 185	I last saw her alive on Tel 7 5 , 1935; daath is sale
7. AGE Years Months Days If LESS 1 day	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Chronic Mysoardilis 715/9
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date dacased last worked at this securation (month and	
10. Date dacaased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Balturase And	Other Contributory Cancer of Importance: Occute Despecials 455
(State or country)	- Herrice Parchesis Mull
13. NAME Mulcupuu 14. BIRTHPLACE (city or town)	
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lulcusur	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME CUCCOCOCO 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? 22 Date of injury 19
(Stata or country)	Whera did injury occur?
17. INFORMANT Dr. William Brewer (Address) 36 17 Farudale ane.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Je BURIAL, CREMATION, OR REMOVAL	3.11 Manner of injury
Place V V D / L / Data / L D. / 15	Nature of injury
19. UNDERTAKER 1. 1/03 Meksert & Son (Address) 1900 En 1900 Place	24. Was disaase or injury in any way related to occupation of deceasad? 710
20. FILED 2/2 19 Alaska	(Signed) ames of Jarey M. E
Regist	istrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAUV			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	nfor-	state	UPA-	
	m of i	plnou	OCCI	
	ite	S	Jo	
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	ECO.	PH	xact	
	TR	K.		
DATE OF THE PROPERTY OF THE PR	RMANEN	XACTL	classified.	
	PE	田	-Ix	ate.
7 7	V SI	stated	proper	TION is very important. See instructions on back of certificate.
	HIS	pe	pe	of o
-	T-	plu	lay	ack
1	NK	sho	it m	n b
	GI	GE	hat	ns o
	NIC	A	se t	ction
	FAI	ied.	ns,	stru
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	H	y SI	ain	Se
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	Z	1	-	-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0158	5(1)
1. PLACE OF DEATH	93-c	
County Ballinore	Registration Dist. No. 38	
Village or City Parkwille (Brindon)	200	Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number 20 ds. How long in U.S. 11 of foreign birth? 50 yrs. mos.	er)
-11 · 7 · 0 -A-	now long in 0.3. It of foreign birth? 50.99. yrsmos	03.
2. FULL NAME Maru Valeula		
(a) Residence: No. 16 0 9 Faith Lane (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) willowed	21. DATE OF DEATH Feb. 19 193	5
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE 01 Causel Valenta	22. , HEREBY CERTIFY, That, 1 attended decea	(Year) ised from
1 1901		1935
e. DATE OF BIRTH (Homen, day, and year)	I last saw h last aliva on July 19.85; dea	th Is sald
7 Hlday,hrs.	to have occurred on the date stated above, at 12.30 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or particular	ware as follows:	a of onset
kind of work dona, as SPINNER, Housewife	acute broughites a	from &
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL. Devn Lone 10. Data deceased last worked at this securation (great) and this securation (great) and the securation (great).	0,	w.20
work was dona, as SILK MILL, Levy Lone SAW MILL, BANK, etc. 10. Data deceased last worked at 11. Total tima (years)		935
o this occupation (manth and yaar) spent in this 50 occupation		
0 ~ + -	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)(State or country)	Kla muse dit	
13. NAME Jasish Rusicka	The mysearditis	de ion
13. NAME Joseph Olygicka 14. BIRTHPLACE (city or town)	Name ol operation Date ol	
(otate of country)	What test confirmed diagnosis? Was there an autops	v? 740
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to axternal causes (VIOLENCE) fill in also the lollowing:	
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of injury,	19
(Stata or country) (lustria	Whare did Injury occur? (Specify city of town, county and State)	
17. INFORMANT asefel Salanda (Address) Johnson P. J. D. #6	Specily whether injury occurred in INDUSTRY, in HOME, oc in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Mannar ol injury	
Place Oak Thill Date 2/22 , 1935	Natura of injury	
19. UNDERTAKER Frank 6 vach & Son (Address) 1906 ashland ave.	24. Was disaasa or Injury in any way related to occupation of deceased?	2
20. FILED. 7/19. , 1935 G. W. Bacon. Registrar.	(Signed). M. Bacon (Addrass). Parkville	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	1 1	The principal cause of death and related causes of importance were as follows: Attack of epilopsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 22	July 5, 1927	Peritonitis	3 days ago
*UREAU V	, 8-		
Other contributory causes of importance:		Other contributory causes of importance:	2216
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Peritonitis Cerebral hemorrhage Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
------------	----------	-----------	------------	----	-----------

No.	St., Ward
death occurred in a hospital or institution, give its NAME	
ds. How long in U.S. if of foreign birth?	yrsds
or V	
St., Ward.	
lf nonresident	give city or town and State
MEDICAL CERTIFICATE	OF DEATH
21. DATE OF DEATH	
teley (Month)	(Day) (Year)
at 9 am	
22. I HEREBY CERTIF	Y, That I attended dacaased from
, 19, to	, 19
I last saw h alive on	; death is said
to have occurred on the date stated above, at	m,
The PRINCIPAL CAUSE OF DEATH and ralated cause were as follows:	
artere Asbarosis	Date of onset
Cancer Right Dna	1
AU 6 . II	
Other Contributory Caoses of Importance:	
Name of operation	
What test confirmed diagnosis?	
23. If death was due to external causes (VIOLENCE) fill	I in also the following:
Accident, suicide, or homicide?	Date of injury, 19
Where did injury occur?	
Specify whether injury occurred in INDUSTRY, In HOI	town, county and State) ME, or in PUBLIC PLACE.
Manner of injury	
24. Was disease or Injury In any way related to occupa	tion of decaased?
(Signed) Duant an	1
(0.8.00)	
(Address) Wante 9	fall that

2

Registrar.

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	Example I	il i	Example 11	
The principal cause of de of importance were as fol	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	UND 6-30	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V	July 5,1927	Peritonitis	3 days ago
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				,
				de la compart

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01	563
1. PLACE OF DEATH	(30)	
County Daltunos	Registration Dist. No. 3	>
Village or City Eastonour Cle April	ND. St., f death occurred in a horpital or institution, give its NAME instead of street and	Ward
	sds. How long in U.S. if of foreign birth?yrsr	nosds.
2. FULL NAME John & Waber		
(a) Residence: No. 8267 Kento ood (Usual place of abode)	Blue Ward. Balden Sive city or town an	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) See If married widows of divorded to the color of the co	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Heckonstein	22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) Upr 23/1858	I last saw hell alive on Feley 14 , 193	; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER, Land Lucard SAWYER, BDOKKEPPER, etc.		
SAWYER, BDOKKEEPER, etc. Salah Woodle	Che Inter Rephreters	Jany 2
kind of work done, es SPINNER SAWYER, BDOKKEPER, etc. 9. Industry or business in which work was done, es SILK Mill. SAW MILL, BANK, etc. 10. Date deceased last worked at his occupation (month) and		19.
10. Date deceased last worked at this occupetion (month and year)		
12. BIRTHPLACE (city or town) Cacheman	Other Coatributory Causes of importance:	
(State or country)	artoreo Celarosio.	Jely 25/
13. NAME Geo. Weber 14. BIRTHPLACE (city or town)	Denile Prephosis	Jung Zut,
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	
	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME May Loke	23. If death was due to external causes (VIOL ENCE) fill in also the followin	g:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
a de l'institute	Where did Injury occur? (Specify city or town, county and Sta	te)
17. INFORMANT this terristic Williams (Address) 826 N. Kenward Que	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury	
Place Haly Reduces Double 4, 150	Nature of Injury	
19. UNDERTAKER glm A. muan (Address) 3 6 11 0 8 6 albath	24. Was disease or Injury In eny way related to occupation of deceased?	20
20. FILED 192 Allers	(Signed) Noat & Jarrett	M. D.
Registrar.	(Address)	×

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis on 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
<i>duction</i>	May 1,10x0		1 your

	-1	- MOLETAGE COOK	1 1 1	4
	tificate.	tant. See instructions on back of cer	TION is very import	1
lassifi	operly c	CAUSE OF DEATH in plain terms, so that it may be properly classific	CAUSE OF DEATH	-
XACT	ated E	mation should be carefully supplied. AGE should be stated EXAC?	mation should be cal	
MANI	A PER	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANI	. BWRITE FLAINLY,	Z
NDIN	OR BI	MARGIN RESERVED FOR BINDIN	V. S. No. 1	>

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 01564
1. PLACE OF DEATH	707-20
County Ballinors	Registration Dist. No. 34
Village Dr City Foreston	Np. St. Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) 18. ————————————————————————————————————
2. FULL NAME (as are drag)//	os.
	Millia.
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR-DIVORCED (wite the word)	21. DATE OF DEATH 2 9 ,193 5 - (Month) (Day) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of John L- Wilhelm	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 8 - 1850	I last saw h A aliva on The 1986 : daath is sald
7. AGE Years Months Days If LESS than	to have occurred on tha date stated above, at A P m.
8 4 8 / 1 day,hrs	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:
2 Trade protection or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Browchal - Prumoura 1/28/3
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	7.70)
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 1D. Date dacaased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12 DIDTIDI ACT (situat tour)	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) Aug Laurel (State or country)	
13. NAME Judius Wheeler 14. BIRTHEYACE (city or town) (State or country)	
14. BIRTHREACE (city or town)	Name of operation Date of
Totale of country)	What tast confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Sarah (muces)	23. If daath was dua to axternal causas (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
(State or country)	Whara did injury occur?(Specify city or town, county and State)
17. INFORMANT Coggs W Willelin (Address) Ringfiton ned	Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Of oceston My Data 7 12, 1935	Nature of injury
19. UNDERTAKER & dev Clipton (Addiss) Hampsterd mil	24. Was disaasa or injury In any way ralated to occupation of deceasad? If so, spacify
20. FILED 2-// 1936 le. E. Fouth M. Lecal, Registrar.	(Addrass) Hampstine and
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
			1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01565
A Of	(h) 2 32
Village or City Lutterall, R. F.D.	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Probert Law custon 1	Williams.
(a) Residence: No. Luthernly. Md.	St. Ward.
(Usual place of abode)	If wonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Warrel	21. DATE OF DEATH J. 16 193 35 (Month) (Day) (Year)
5a. If married, widowad, or divorced	(month) (bay) (teal)
(or) WIFE of Rebekah Wathins.	22. I HEREBY CERTIFY, That I attended deceased from
5 DATE OF DIPTH (month day and was) June 29, 1869	1931, to tel 16 19 35
6. DATE OF BIRTH (month, day, and year)	I last saw h Au alive on 1450 , 1935; daath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 7
ormin.	ware es follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc.	Varallysis ligitar 1922
Shirter, Boonneerer, atc.	adynamic illers 126 12
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and spent in this	(Intested obstaclin). 1955
yaar) occupation	Other Contribution Contributions
12. BIRTHPLACE (city or town) Rechard. Va. (State or country)	Other Contributory Causes of importance:
13. NAME John Langhouse Williams	
14. BIRTHPLACE (city or town) Va.	Name of operation. home · Oata of
(State or country)	What tast confirmed diagnosis? P.L.: Was there an autopsy? No
I IS MAJOEN NAME Maria Ward Skelton	23. If death was due to external causes (VIOL ENCE) fill in also the following:
H	Accidant, suicide, or homicida? Date of Injury 19
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
17. INFORMANT. R. L. William Jr. (Address)	(Specify city or town, county and Stale) Specify whethar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL A RICLIAND VA	Manner of injury
Place Holly Wood blu Oata Feb 18 , 1976	Nature of injury
there a lake line 1 12	24. Was disease or Injury In any way related to occupation of decaased? Ro
19. UNDERTAKED (Address) (980), and My = Gallele CX	If so, specify
	(Signed) Calmer G.C. William M.D.
20. FILEO Felt, 19. 35 N. T. Bayera. Registrar.	(Address) Pikes ville. Wil

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE O	F MARYLAND-	-CERTIFICATE OF DEATH 0156	6
EATH		(£2-D)	
limore Co.	me	Registration Dist. No. 4 ×	
Eulleuts in city or town where d	eath occurred & J yrs, mo	NOSt.,St.,St.,St.,St.,St.,St.,St. How long in U.S. if of foraign birth?yrsmos	Ward
nary	Anna Mu Ave. Lulluto (Usualplace of abode)	ward. If nonresident give city or town and State	
AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
buta	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Feb // 193	(Yaar)
divorcad	Wising	22 I HEREBY CERTIFY, That I attended dacea	sad from
, day, and yaar) Ja Months	Days If LESS than 1 day,hrs. ormin.	I last saw harman aliva on to have occurred on the data stated above, at m.	
r particular na, as SPINNER, KEEPER, etc. s in which as SILK MILL, IK, atc.	V home	arterio Seterore,	e of one at
workad at month and	11. Total tima (yaars) spent in this occupation		
NN) Baltu-	bo. md.	Other Contributory Causes of Importance:	hini
r town)	many	Name of operation	
Mu lena		What test confirmed diagnosis? The Was there an autops	y?_4_
r town) Herry)	vienna	23. If daath was due to axternal causes (VIOLENCE) fill in also tha following: Accidant, sulcida, or homicida?	19
R REMOVAL	Date 74 , 1985	Manner of injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Addrass) ___

Registrar.

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Other contributory causes of importance:	Sec. of	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where teath occurred How long in U.S. if of foreign birth? vrs. mos. 2. FULL NAME (a) Residence: No If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (wnie the word) (Month) BINDING 5a. If married, widowed, or divorced **HUSBAND** of I HEREBY CERTIFY. That I attended deceased from 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Years Months If LESS than to have occurred on the date stated above, et 1 day,____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importence or____min. Data of onset 8. Trade, profession, or particular OCCUPATION ARGIN RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... may back 9. Industry or business in which should work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked at 11 Total time (years) this occupation (menth and spentin this occupation __p instructions Other_Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis?___ Was there an autopsy? important. 15. MAIOEN NAME in HE 23. If death was due to external causes (VIOLENCE) fill in also the following: MOTI DEATH Accident, suicide, or homicide? ______ Date of injury _____ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 20 CAUSE Date Tel-Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 2 20. FILED

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	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

Exact statement of OCCUPA-

properly classified.

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		23	
County Baltimore		Registration Dist. No.32	<i>p</i>
Village or City Mt. Wilson		Mt. Wilson Branch Md. NoTuberculosis Sanatoriums	t.,Ward
Length of residence in city or town where deeth occurred		f death occurred in a horpital or institution, give its NAME instead of stree8 ds. How long in U.S. if of foreign birth?yrs	et and number)
2. FULL NAME . Edna Zablas	ske		
(a) Residence: No. 705 W. Redwood	d St. e of abode)	St., Ward. Baltimore, Md. If nonresident give city or low	
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEAT	гн
Female White Single, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		21. DATE OF DEATH February 12th, (Month) (Day)	, 193 5 ·
5e. If marriad, widowad, or divorced HUSBANO of (or) WIFE of Single		22. I HEREBY CERTIFY, That I atte	
	2.02.4	Sent. 4th, 1934, to Feb. 12 Hast saw her alive on Feb. 12th, 19	
6. DATE OF BIRTH (month, dey, end year) Oct. 2nd 7. AGE Years Months Oavs	1914 If LESS than	to have occurred on the date steted above, at 6.05 P. m.	_ચેચે_; death is said
20 4 10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceusas of Importance	
No Trade profession or perticular	ormin.	were as follows:	Data of onset
kind of work done, as SPINNER, "Beauty SAWYER, BOOKKEEPER, atc." 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (mostly end.)	Shop"	Pulmonary tuberculosis	May 1930
	time (years) ent in this 1 yr.		
12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland		Other Contributory Causes of Importance: Laryngeal Tuberculosis	Aug.
			1934
14. BIRTHPLACE (city or town) Unknown (State or country) Lithuania		Neme of operation NO operation Date Whet test confirmed diagnosis? X-ray, and was the	re an autopsy? NO
置 15. MAIDEN NAME Antonia Yurgeli	S	23. If death was due to external causes (VIOLENCE) fill in elso the rol	irl sputum
15. MAIDEN NAME Antonia Yurgeli 16. BIRTHPLACE (city or town) Unknown (Stete or country) Lithuania		Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT Jouis A. Schuerhot (Address) Mt. Wilson, Md.	2	(Specify city or town, county at Specify whether injury occurred in INOUSTRY, in HOME, or in PUBL	nd State) IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Day Leterne Com Date // 4	/35-,19	Menner of injury	
19. UNDERTAKER The Covan To (Address) 96 Hollys St	(Balto ma)	24. Was diseese or injury in any way related to occupation of decease If so, specify	No
20. FILED 14 , 1935 1 6 1	Megistrar.	(Signed) Mt. Wilson, Nd.	M. D.

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BURBAU	and a second			
Other contributory causes of importance:		Other contributory causes of importance:	WILLIE	
Gallstones	May 1,1923	Gastroenteritis	1 year	

Carlot Control	9.4		4	